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EDITORIAL COMMENT



UNTRAINED VERSUS TRAINED NURSES

A GRADUATE of the Orange Training-School has opened a discussion in the letter department on the subject of the increasing popularity of experienced nurses *versus* trained nurses, and she boldly challenges the members of the nursing profession to get at the truth of the situation and find a remedy for it.

Not long ago we heard this matter freely discussed by a group of women representing several schools, young nurses and older graduates being in the party. The statement was made that many of the best physicians were employing untrained women in many instances where the circumstances of the family did not seem to call for economy. It was the consensus of opinion that there must be a reason, and that the remedy must come from within the nursing body.

One of the younger nurses in the group made the bold assertion that it was a great injustice to the public and to the nursing profession that the woman fresh from her hospital training should be paid the same as the nurse of riper experience, asserting that her own experience for the first year or more was a succession of blunders; that conditions in a multitude of homes could not be learned in a hospital; that only until a nurse was absolutely dependent upon herself and free of all constraint of hospital control could she appreciate the value of adjustment upon which her success so largely depends; that until the young graduate has thrashed out this matter for herself her services are not worth as much to the patient as they will be later, and that if during this period she would be satisfied to work for ten, twelve, or fifteen dollars there would be little demand for untrained women, and there would be less cause for criticism from those paying full rates; those paying less would not be

so exacting; the entire field would be covered by trained women, as the medical field is now covered by trained physicians, who would be paid according to experience and skill, the new classes each year pushing forward those of the year before who had proved their ability, while those who had failed to find their adjustment from experience would forever remain where they properly belong, in the ranks of the unskilled. To these very radical statements there was not a dissenting voice.

A little story which has come to us recently throws a side-light on this question from the patient's point of view. A certain lady had for her family physician a man who always employed "experienced" nurses. After several illnesses it came about that there was no experienced nurse available, and with apologies the doctor said he would be obliged to send her a trained nurse. Again the lady was ill, and her physician said, "I will send you Miss ——" (an experienced nurse), but the patient said, "Oh, no, Doctor, no more experienced nurses for me! I prefer them trained." When, in surprise, he demanded to know the reason why, she replied: "Because I noticed that when I had an experienced nurse you came always once a day, sometimes twice, but when I had a trained nurse you only came every day during the very acute stage of my illness; then two or three times a week was sufficient. I paid the trained nurse a little more, but I paid you a great deal less. I had infinitely better care and the total cost of my sickness was much less than it would have been with an experienced nurse and daily or twice daily visits from you."

With the overcrowding of the medical profession and its consequent increasing competition among doctors, we are inclined to think that this intelligent patient has revealed the key to at least one side of the situation.

We are not offering suggestions at this time, but simply putting the question for our readers to discuss, but in such discussion there are some practical points that must not be lost sight of:

1. That with the increase of training-schools and nurses, competition has arisen.
2. That the supply is fast becoming greater than the demand.
3. That all women trained in the same school are not equally skilled, and that under competition their services cannot continue to have the same commercial value.
4. That the demand for nurses for the great well-to-do middle class has never been met by trained nurses, and that it has got to be met sometime.
5. That the district nurse and the hourly nurse cannot be brought

forward as a substitute. The people want a good nurse who will stay as long as she is needed.

We are up against a problem. The solution of it has been evaded for years.

Has the time come when nurses will have the courage to get at the truth and apply the remedy?

THE PORTLAND CONFERENCE

THE official announcement of the Conference of Charities at Portland, Ore., will be found in the Official Department, and we hope Miss Hitchcock may have a cordial response to her request for information in regard to "District Nursing" from nurses all over the country. The object of this great Convention of Charities and Correction is to bring together persons interested in all varieties of philanthropic work for discussion and comparison of methods, and for the first time this year district nurses will take their place with the delegates representing all the other lines of philanthropic work. Just in what way district nurses are brought into touch in their daily work with all the other departments of charity and philanthropy in a great city will be shown in a paper which will be published in our May issue, written by Miss Harriet M. Johnson, of Hartly House, New York City.

The railroad rates as quoted in Miss Hitchcock's announcement give an approximate idea of what the trip will cost from different points, and the cost of still another and more extended trip, in which some may be interested, is also given here. A ticket reading via Anchor Line, Buffalo to Duluth, meals and berth included, thence by rail to Portland with stop-over privilege to visit Yellowstone Park, returning same route, one hundred and forty dollars and fifty cents. A ticket reading via same route to Portland, thence by either rail or steamer to San Francisco, returning by rail via any of the direct lines, one hundred and fifty-three dollars and ninety-five cents. The Lake trip from Buffalo to Duluth takes five days and is one of the most delightful vacation excursions in the country, and, in addition to much of beauty and interest, the boat line offers rest to tired workers before entering upon the more tedious railroad journey and the fatigue of the conference and the Lewis and Clarke Exposition. (The cost of the side trip to the Yellowstone is usually about thirty-five dollars, occupying five and one-half days.)

These figures are quoted by Amsden & Co., of Rochester, for a single ticket. Undoubtedly a party could obtain a still greater reduction. We imagine that later in the season special excursion rates may be

quoted at lower figures, but the rates given at this time will enable many to decide whether the trip can be taken or not, and details can be worked out later. It is a great opportunity to see a wonderfully interesting section of our country at comparatively little cost.

A PRACTICAL EXPERIMENT

MRS. HARRIET CAMP LOUNSBERRY, of Charleston, W. Va., has been doing some good work this year in her home city—something on the lines of the work done in the Charlestown High School, Mass., by Dr. Laura Hughes, only on more conservative lines. Mrs. Lounsberry has the girls of the senior and junior classes in the High School come to her house, where she teaches them only those practical things about nursing that every woman should know—how to rub, how to make a mustard plaster, how to make a poultice, how to wring and apply fomentations, how to change upper and lower sheets, the use and abuse of the various parts of the body, etc. The girls are interested and frequently apply this knowledge in their homes.

Mrs. Lounsberry advocates the teaching of this kind of practical nursing in all High Schools, which, if done properly, will not in any way interfere with the work of regular nurses.

This seems to us to be a valuable means of developing in girls at the impressionable age an interest in nursing, and to stimulate a desire to fit themselves while in the High School for admission to the highest grade of training-schools. It will soon be recognized in those States having State registration that in order to become a nurse a girl must have a definite amount of schooling, and many young women will remain in the High School until they have finished the course who in the past have dropped out from indifference, knowing that at least they had education enough to become a trained nurse if everything else failed. No better way to stimulate interest in nursing and a knowledge of nursing standards has been suggested than the plan which Mrs. Lounsberry has borrowed from Boston and is working out on practical lines. Such instruction might well be given by a nurse in connection with the advanced classes in anatomy and physiology, and the boys as well as girls might profit by a little practical common-sense knowledge of this kind.

THE SITUATION IN ENGLAND

WE referred briefly in our last issue to the new society that had been formed in England called "The Incorporated Society for Promoting the Higher Education and Training of Nurses."

The object of this society, so far as we understand it, is to establish a system of voluntary registration instead of State registration, and to exercise a controlling policy in regard to all matters of nursing education and practice. While the motive for the formation of this new society is claimed by some to be to harmonize the various forces for so long in an attitude of antagonism and bring order and peace out of a most deplorable condition of chaos, the effect has really been to cause such an explosion as has never been dreamed of in nursing affairs before.

The Matrons' Council and the Society for Promoting State Registration have come out in strong opposition to the Incorporated Society, and at a mass-meeting held in London on February 22 resolutions were passed protesting against its incorporation by the Board of Trade of the City of London, and a committee was appointed to present these resolutions to the President of the Board of Trade, *provided he would consent to receive them.* Mr. Sidney Holland, who is one of the bitterest opponents of State registration, is equally opposed to the Incorporated Society. Miss Catherine J. Wood is in favor of it, and so far as we can understand conditions at this distance the registration movement in Great Britain has boiled over out of the frying-pan into the fire. We can only await developments, extending our sympathies to the State registration party.

A QUESTION OF COLLUSION.

To those who are watching the Worcester scheme for the organization of a voluntary system of registration in New England the similarity of that with this new plan of the Incorporated Society in London is very noticeable. Miss Dock has outlined the most marked points of resemblance in the Foreign Department of this issue, and that there has been collusion between the promoters of both schemes no one can for a moment doubt. The Worcester plan is modified to meet the more liberal conditions in this country, for even in conservative New England such despotic measures as are proposed in Great Britain would not be tolerated for a moment by intelligent men or women.

That all English people (with the exception of Mr. Sidney Holland) are coming to recognize the necessity for some form of registration is conclusive, and on those lines progress is being made in spite of the row.

THE PITY OF IT.

The humiliating thing that must be faced in both countries is in the fact that both of these gigantic schemes have come about because of a lack of unity and loyalty among the nurses themselves. The discord among nurses in Great Britain has been a disgrace for years.

Without some assurance of a "following," Dr. Worcester would have had no motive for even the suggestion of a voluntary society in New England.

The pettiness and jealousy that have brought about these conditions are, we believe, more faults of sex than of the profession. It is as women that nurses are failing, the weak and dependent ones, like their mothers and grandmothers since the world began, instinctively following the leadership of any man, good or bad, wise or unwise, just or unjust, it makes no difference.

So we are forced to acknowledge the truth of the idea that the world can progress, and nursing can progress, only according to the moral strength and wisdom and courage of its women in standing together for what is best for the whole.

In America nurses have not fallen to the depths of discord that prevail in England, but there have been examples in several of the States where standards have been lowered or measures lost entirely because of this very lack of unity and loyalty on the part of nurses towards nurses.

The struggle that the English nurses are making for the right to live free professional lives with a voice in the management of their own affairs should be a warning to those women in this country who are not willing to follow the lead of the majority, but rather risk destruction to all progress by following after selfish schemers whose motives no one can solve.

PROGRESS OF STATE REGISTRATION

THE Indiana bill has passed. This bill was introduced in the House by Mr. Barron on January 11, passed both houses of the Legislature on February 25, and was signed by Governor Hanley and became a law on February 27, 1905. The bill as passed is printed in full in the Official Department of this issue. It suffered from several amendments in its passage, the most serious one being the loss of the right to nominate candidates for the Nurse Board of Examiners by the Indiana State Nurses' Association. The Governor objected to that condition, and in order to have the bill become a law that concession was made, but with great reluctance. There was bitter opposition to the measure as a whole, emanating from special schools and untrained women, and, considering all the obstacles that had to be met and overcome, the nurses feel that the result is a matter for great congratulation, although the standards of education are not as high as were asked for in the original bill. The nurses had cordial support from medical men and the two leading medical journals of Indiana, and from splendid men in both houses of the Legislature. We congratulate the Indiana nurses.

The California bill for the State registration of nurses was signed by Governor Pardee on March 22. Our information is by telegram and we are unable to give the terms of the bill as it finally passed. The struggle has been bitter and the concessions many. The opposition has come from nurses who seceded from the State association and put in an opposition bill. We congratulate the California nurses who have led this measure to victory.

The Massachusetts bill came up for a final hearing on March 21, and on motion of Mr. Walker, of Brookline, acting for the nurses, it was carried over until the next General Court and will be taken up again another year.

The West Virginia bill was crowded out by the mass of business before the Legislature, so that it was not brought to a hearing at this winter's session. It will be ready for consideration early in the next term.

The Pennsylvania State meeting being held in Scranton as we go to press is reported at the close of the second day as being in every way harmonious and satisfactory. The fate of the bill is not yet decided. A full report will be given in our May issue.

The Rhode Island Association of Graduate Nurses was incorporated according to the laws of Rhode Island on January 25, 1905. On January 26 a meeting was held to complete the organization of the association, at which time thirty-five charter members were enrolled and Miss Lucy C. Ayers was elected president. On March 1 a meeting was held to discuss the bill which the association hopes to present to the Legislature this year.

TWO ATTACKS UPON THE NEW YORK LAW.

During the past month two bills have been introduced into the New York Legislature very different in character but both equally detrimental to the nurses' registration act.

On March 1 Senator McCarren introduced two amendments to the public health law similar in purport, one applying to the nurse law and the other to the medical law. These amendments require that the examiners in both professions shall "provide for an examination in mental science as a means of promoting and preserving health."

On March 3 Senator Goodsell introduced an amendment requiring the Regents to issue a certificate of registration to Elizabeth G. Wright,

a woman who had applied for registration and been rejected by the examiners as being unable to comply with any of the requirements of the law. The Legislative Committee of the New York State Nurses' Association, of which Miss Delano, of Bellevue, is chairman, were able to convince Senator Goodsell that the effect of such an amendment would be to lower the standard of the registration act, and he has very courteously withdrawn the measure, but not without very vigorous action from nurses in several sections of the State, Rochester taking an active part in coöperation with New York for the defeat of both the Goodsell and McCarren measures. It will be remembered that the original registration bill was introduced as a Monroe County measure "fathered" by Senator W. W. Armstrong, of Rochester, and any amendments that would tend to lower the standards of the nursing statute are quite sure to be opposed by the Monroe County delegation in the Legislature.

The fate of the McCarren amendment in the interest of mental science we are not yet able to state. As we go to press the bill is being vigorously opposed by the medical profession, and its defeat by that body would insure the withdrawal of the amendment to the nursing act.

Of course, all nurses realize that the nursing law, like the medical and other laws, will always be subject to "attacks," but one State has now had the actual experience by which all should profit. A Sub-Legislative Committee in every nursing centre would seem to be almost a necessity, that the wishes of the nurses in every district should be known to all Senators and Assemblymen, and that someone should have authority to act when emergencies arise such as New York has had to meet.

With the passage of a bill the real work commences. A law does not enforce itself, continued pressure must be constantly felt from someone. A pernicious amendment allowed to pass because no one is on hand to object may undo the work of years. From the day a bill passes a committee must be on guard whenever the Legislature is in session, for it is when least expected that such measures will be introduced.

THE CONVENTION AT WASHINGTON

THE programme for the convention week in Washington is given in the official announcements in this issue, with hotel prices and rates of transportation.

We have every reason to believe that there will be a very large gathering of nurses upon this occasion.

As Washington is a night's journey from so many of the nursing centres, it may be of interest to some to know that when a party is being made up an entire sleeping-car can usually be secured if the

number is sufficiently large to fill it, provided arrangements are made long enough in advance with the car company.

Such an arrangement adds greatly to the pleasure of the excursion if congenial members can arrange to be together.

OF INTEREST TO NEW YORK STATE.

Two of the papers which are announced are of special interest at this time to those concerned in the subject of nursing education, especially in New York State. The standards of education established by the New York State nursing act requires that nurses shall be instructed both theoretically and practically in the various subjects that come under the heads of medical, surgical, obstetrical, and children's diseases. In order to comply with the requirements of the law many hospitals that have been classed as "general" in character are having to arrange for affiliation with special hospitals where experience in children's, contagious, or obstetrical work can be obtained under proper conditions. Already there are a number of instances of such affiliations having been satisfactorily arranged, and many schools are looking for such opportunities.

Mrs. Hunter Robb's paper on the subject of the "Affiliation of Training-Schools" will bear directly upon this question, and will show in what manner such affiliations can best be organized. It will be full of valuable suggestions, which will aid in the adjustment of standards which is now taking place.

Miss Palmer's paper on the "Effect of Registration upon Training-Schools" will show in a general way the influence of the law as a great compelling factor in raising the standards of nursing education. Her statistics will be based largely upon the work which has already been done in New York State, and while this work is only in its earliest infancy, the results that have come about in so short a time will be a great stimulus to registration work generally, and an encouragement to those who have found it difficult to conform to the requirements.

Both Mrs. Robb and Miss Palmer will be glad to hear from any schools which they have not been able to reach otherwise in regard to these subjects.

The value of Mrs. Robb's paper will be greatly enhanced by her being informed as to the extent of such affiliations already in actual operation.

Miss Palmer has sent out a large number of circular letters asking for statistics, but as it is quite impossible for her to reach all of the training-schools of the country, she desires to hear from any and all schools whose standards or methods have been in any way affected by

the registration laws, and she also desires to communicate with special hospitals of any kind that wish to add to their nursing corps by affiliating with other hospitals.

As president of the Board of Examiners of New York, the fact has been brought home to her very forcibly that while on the one hand special schools are finding it exceedingly difficult to obtain nurses enough to do their work, on the other hand a number of other schools are looking for additional hospital experience for their pupils in order to comply with the requirements of the Regents.

It only seems to be necessary for some means to be devised for the bringing of these schools together, in order to secure an adjustment of advantage to all parties, which will ultimately lead to the end which is being sought—the broader education of nurses.

Mrs. Hunter Robb is now at her home in Nottingham, O., and Miss Palmer's address is 247 Brunswick Street, Rochester, N. Y.

NEW YORK ANNUAL MEETING

THE announcement of the New York State Nurses' annual meeting will be found on another page. The programme being arranged promises to be most interesting and there should be a large attendance.



THE RED CROSS SOCIETY *

BY ANNA CLUNE

Graduate Rhode Island Hospital School for Nurses; late Superintendent St. Elizabeth's Hospital Training-School, Boston, Mass.

ORIGIN.—To the Swiss belongs the glory of having originated this remarkable life-saving society. For hundreds of years the human mind had been impressed with the horrors and suffering of wars, but the terrible, oft-repeated lesson failed to bear fruit until after the battle of Solferino, which took place June 24, 1859, between the French and Austrians. It was a most bloody battle, lasting sixteen hours and extending over a large expanse of country. The French lost eighteen thousand men and the Austrians twenty thousand. For days after the dead and wounded lay upon the field of battle unburied and uncared for.

A Swiss gentleman, *Henri Dunant*, who happened to be travelling in the vicinity, was deeply moved by the scenes presented to him. He joined in the relief work, which was so inadequate that most of the wounded were allowed to die without assistance. The sufferings he witnessed so haunted his mind, that later he wrote a book entitled "A Souvenir of Solferino," in which he depicted everything he had seen, and strongly advocated the adoption of more extensive and more humane means of caring for the wounded. He went about the country lecturing, and finally appeared before the "Society of Public Utility" in Geneva, which he succeeded in interesting in his work. The president of the society, Gustav Moynier, a very wealthy man, Dr. Louis Appia, a philanthropic physician and a former army surgeon at this same battle, and Adolph Ador, a counsellor of repute in Geneva, also took up the matter. They enlisted the hearty coöperation of Dufour, the general of the Swiss army, and took measures to bring it before the public. On February 9, 1863, the matter was laid fully before the above society. It was heartily received, acted upon, and a committee appointed to consider the matter and take whatever action seemed advisable.

Accordingly, they provided for an International Congress, to be held on October 6 of the same year at Geneva, to which were invited representatives of various countries that sympathized with the movement. The meeting lasted four days and arranged for another convention to be held the next year (1864) at the same place. At this convention the Geneva treaty was adopted, a permanent international committee, with headquarters at Geneva, formed, and the plan of the national

* Read before the Rhode Island Hospital Nurses' Club.

relief societies instituted. Gustav Moynier was elected president of the society.

The next step for the successful prosecution of the work was the coöperation of the governments of Europe in a treaty recognizing the neutrality in times of war of the hospitals, sick and wounded, and of all persons and effects connected with the relief service; also the adoption of a distinctive uniform, badge, and flag. It first secured the coöperation of the Swiss Federal Council and the Emperor of France. Shortly after it also obtained the signatures of ten other governments, who lent the movement their active sympathy and moral support.

For its badge or sign it adopted a red cross on a white field, which was to be worn on the arm of all persons connected with the service. The red cross was chosen in deference to the Swiss Republic, whose colors are a white cross on a red field, the badge being the colors reversed. From the badge the society derived its name of Red Cross Society.

Although the convention which originated the organization was international, the separate societies of the different countries were distinctly national and independent, and not mere branch societies of the mother society. They made their own by-laws and governed themselves as best fitted the needs of their individual nations. In certain countries the society ultimately came under the control of the military, coöoperating with the medical branch of the service.

WORK OF THE SOCIETY.—The society being thus firmly organized, it began to gather in time of peace such material as would be needed in time of war. From private subscription, solicitation, etc., it raised money to buy ambulances, hospital supplies, food, and clothing, to pay doctors, nurses, and orderlies, and in a short time had vast supplies collected. Sewing-clubs were formed, depots for the reception of supplies were established, and money-boxes were placed in churches, barracks, railway stations, and other public places.

PROVING.—The first opportunity to test the beneficent effects of the society was in the German-Austrian War in 1866. While good results were apparent, still, it fell somewhat short of its ends, because at that time the Austrians were not a party to the treaty, and this fact robbed the society of its most efficient factor, the stamp of neutrality, and hindered greatly the relief work. Many imperfections in the workings of the society were discovered, and after the war, in 1868, another conference was held at Geneva to perfect the organization and extend its good influence to maritime warfare.

Later on, in the Franco-Prussian War (1871), it had a more ample

opportunity to prove its usefulness, because both belligerents had signed the articles of neutrality at Geneva. That it did so is a fact in history.

GROWTH.—From that time on the society has steadily grown in power and efficiency. During the first ten years it took part in five great wars, performing a prodigious amount of good work. Besides caring for the sick, and wounded in time of war, it has lent aid to famine-stricken people, to those suffering from fire, floods, cyclones, hurricanes, epidemics, and other dreadful calamities that occasionally afflict humanity. Among the notable disasters in which the Red Cross Society has assisted poor sufferers may be mentioned the Michigan forest fires, the Mississippi and Ohio River floods, the Johnstown flood, the Mississippi and Louisiana cyclones, the Sea Islands hurricane, the Russian famine, the Armenian massacre, and the yellow-fever epidemic in Florida.

At the present time every country of any consequence has its national Red Cross Society, all bound together by the treaty of Geneva and recognizing the International Society as its head, but each distinctly national and independent, and acting in all matters as best serves its individual needs. There are museums for the exposition of the works of the society at Stockholm, Carlsruhe, St. Petersburg, Moscow, and Paris, and training-schools for the education of nurses in Germany, England, Holland, Sweden, and Russia. The membership has grown to enormous proportions in every country except our own.

Strange as it may seem, the United States was one of the last to enter into the compact of Geneva. This may be accounted for in various ways. At the inception of the society, conditions were not the same in this country as in Europe. We were involved in a great civil war. We had a fairly working Sanitary Commission of our own, after which the Red Cross Society was largely modelled. And the medical branch of the army, considering such a movement as an infringement of their rights, were naturally jealous, and instead of heartily coöperating in the movement rather discouraged it. However, for some reason or other, no delegate was sent from this country. The American Consul was present of his own accord at the meeting, but the report he submitted was never acted upon. Later on Dr. Henry Bellew made an attempt to establish a society in the United States, but on account of the difficulty in obtaining the recognition of the government he failed. This discouraged the International Committee, and for a long time no further efforts were made.

Some years later, through the untiring zeal of *Clara Barton*, an American army nurse, who had taken part in the relief work of the Franco-Prussian War, the matter was brought before the President.

President Hayes referred it to his Secretary of State, who passed it by unfavorably, and nothing further was done. When the next administration came into power Miss Barton again presented a letter from President Moynier, of the society, to President Garfield. He gladly espoused her cause, and together with his Secretary of State, Mr. Blaine, brought the question before Congress. Meanwhile a Red Cross Society was formed in the United States of which Miss Barton was made president, and only waited for the recognition of the government and the adhesion of the United States to the Geneva Convention, which was finally obtained May 21, 1881, our government being the thirty-second State to enter into the compact.

The society in the United States has not flourished as one would expect, or as it has elsewhere. However, it has done a vast amount of good work. For a long time peace reigned in the country, and the relief work was necessarily confined to communities that had suffered some disaster or to lending assistance to societies in other countries.

The Spanish War brought out the best evidence of the worth of the Red Cross. The society ably assisted the medical corps of the army, often furnishing supplies at once, which military surgeons could not obtain from the government without needless delay and much "red tape." It furnished temporary hospitals, food, clothing, etc., for the sick, nurses, and medical attendance. It was ever ready to act when assistance was asked. Besides caring for our own troops, it aided sick Spaniards that happened to be brought to its notice, and the starving, helpless Cubans.

Nevertheless, it is to be lamented that the society is not in better touch with the medical branch of the army. In the United States the Red Cross has always been an independent organization, connected only indirectly with the military authorities, and not controlled by them as in some countries. Hence, its more or less independent work in the field has always given rise to a certain amount of friction, jealousy, and ill feeling that has undoubtedly hampered its efficiency and limited its growth. Possibly under the reorganization now taking place a more harmonious relationship with the medical department may be obtained.

In following the history of the Red Cross down to the present, perhaps it will be well to give a short sketch of its work in the struggle now going on in the East.

The Russian Red Cross Society was strongly organized in 1867. From the first its growth received every encouragement from the government and the people. Money and supplies have been systematically collected throughout the empire, until to-day it is a rich and well provided for organization. It exists on the most friendly terms with

the military medical department, and is in reality the efficient part of the service. From the reports of war correspondents we learn that the sick and wounded, numbering, in the recent battles, many thousands, have been excellently taken care of, and that its resources are so great that it is prepared to accomplish almost the unexpected. From the beginning of the war the whole nation, especially the women, has labored incessantly to provide funds and supplies for its benefit. Other national societies, as those of France, Germany, and Austria, have sent assistance.

The Japanese Red Cross Society has not been in existence so long, but has been, perhaps, more successful. In 1877 a society called "The Extended Relief Association" was formed by a number of philanthropic Japanese, whose object was to send representatives to the field to aid the surgeons and nurses of the imperial army in caring for the wounded of both sides. This society afterwards (1886) changed its name to the Red Cross Society, and the government was induced to become a party to the Geneva Convention. In 1891 an imperial ordinance made the Red Cross Society a part of the military administration, putting its field force under the direction of the War Department, and making its surgeons, nurses, and attendants subject to military discipline. This was a very wise move, and to it may be attributed the flourishing condition of the society to-day.

During the Boxer movement in China in 1900 the Japanese Red Cross Society came under the observation of European and American members, and, to quote the words of a former member of the United States Society, "it was the unanimous opinion of the most competent judges that, in point of management and efficiency, the Red Cross Society of Japan was fully equal to that of any country of Europe, and so far superior to that of the United States that comparison was hardly possible."

In the number of its members it is unique. It has nearly nine hundred thousand regular members, who net it an annual income of one million three hundred and forty-two thousand dollars, besides what it gets from the government and other sources.

In the present war it is meeting with success every demand made upon it.

EASY MONEY.—Bill.—"Hello, Jake! Yer lookin' mighty respectable nowadays. Have yer quit de bunco business?"

Jake.—"Not on yer life! I'm runnin' a correspondence school."—*Judge.*

**A NEW CRANFORD: BEING A MORE OR LESS TRUE
ACCOUNT OF AN EXPERIMENT****DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING**

BY ISABEL MCISAAC

Late Superintendent of the Illinois Training-School, Chicago

(Continued from page 360)

V. MORE EXPERIENCES

ONE'S exalted ideas of mankind held at twenty-five are very apt to get a great many serious injuries in the course of twenty years in a hospital, and it takes several years for one to strike an average and make a differential diagnosis between the wheat and the chaff.

We find that previous experience not only valuable but interesting and vastly amusing at times in our present lives. Not a man of any sort or description comes to our place on any kind of business but we can compare him to some patient, doctor, or hospital official. We find our neighbor farmers very kindly and helpful, ready to assist us in any way, but still they are sceptical and very patronizing, not intentionally, but being of the superior sex it is their privilege. However, it is different now, for we are bound neither by professional etiquette nor institutional rules to endure more than the angels, and may turn again and rend them if they become too lordly.

We find that the more "do-less" and good for nothing a man is the more ready he is with gratuitous advice. If he works "by the day," to use the common phrase, and never will have two fifty-cent pieces to make a dollar, he tells us about all sorts of very expensive and elaborate machinery we ought to have and can't get on without, he tells us that our fruit-trees are all of the wrong variety, and dwells at great length upon the prices his uncle gets for eggs from another kind of hens than ours. He brings his lunch-pail with him to his work, and we see him consuming strawberries in April with cold lamb, pastry, and cake, while we have stewed rhubarb, eggs, and an occasional ginger cooky. We meet his wife on the road with her apron full of stale bread, baker's at that, going over to feed it to the dogs in the kennels next door, while she scorns our offer of pumpkins because they are too much trouble to cook. He tells us we are foolish to pick our apples, we should shake them off the trees, and relates how this man or that man fooled the fruit-buyer and got just as much for his apples as we will, who pick

ours, and when we say that is dishonest and the man will get a bad reputation, he looks, but does not quite dare to say, that he thinks us a pair of fools who need a man to look after us.

When the plumber arrived from town with all the arrogance of his sex and trade he little thought that, like the doughty general, he would "march up the hill and then march down again." His experiences had evidently been with timid housewives who were cowed before his lordly manner, but Euphemia was fresh from her hospital campaign, and when the smoke of battle cleared away we heard the plumber telling the sympathizing carpenter that he was "darned glad he didn't have to live with that woman."

We have recently become members of the State and local Horticultural Societies and are greatly interested by the similarity to other societies not more than a thousand miles away "whose names shall be nameless."

There are the same energetic, enthusiastic ones who labor early and late and carry the burdens and responsibilities of the others, the same fault-finding objectors who do nothing themselves and feel it a duty to obstruct the workers, the same inert ones who are blown hither and yon by everybody's opinion and are too lazy to cultivate opinions of their own, and can always be depended upon to vote for every foolish, faddy idea presented, and the same few who drive a presiding officer to distraction by asking questions about things everybody knows were settled at the meetings last year. We labelled them all, and several times with one accord said to each other, "There goes ——."

It is really remarkable how much similarity there is in horticulture and our previous work. The trees and vines are afflicted with all sorts of ills due to bacteria, and must be prescribed for and nursed like patients—yes, and dieted too.

One of the papers read at a meeting we attended was upon "Feeding an Orchard," which was quite as scientifically presented as one on "Feeding a Typhoid" might be. Great stress is laid upon the chemistry of the soil, and we were much astonished to find it tested with litmus paper for acidity.

Every spring the trees and vines are treated to repeated sprayings with some germicide, the one for the San Jose scale being an elaborate mixture of lime, sulphur, salt, and water, which is boiled for several hours and applied hot, which, it may be readily seen, involves tremendous labor and expense, but the effect of these various sprayings upon the trees and their fruits is as marked as the difference between surgery done with aseptic methods and that done without. The first year we bought our place there was scarcely a sound apple or plum, but the next year

we had bushels and bushels of beautiful fruit, and we look forward to still better results this coming season.

It did not occur to us that the farm might afford us some hospital practice, but after a case or two in every department—obstetrics, gynaecology, medicine, surgery, and contagion—we were ready to agree with the old lady who said she thought human nature was the same the world over even in hens."

The two cows were dehorned in warm weather, and, as has been known in other surgical operations, the mistake was made of removing too much, and in consequence their heads had to be dressed morning and night for many days. We used the low, sloping roof of a hen-house for a dressing-table, hung an irrigator on the limb of an oak-tree, and tied the cows between two trees, where they usually snorted and pawed and jerked their heads continually, which naturally expedited some of our movements. After the dressings were on we devised a many-tailed bandage which was tied under their chins and to their halters; usually this bandage was made of some old seersucker petticoats, which gave the poor beasties the most ludicrous appearance, which they deeply resented by fussing and scratching through the bushes until they got them off, the whole pasture being strewn with the remains of various garments all summer.

Among the chickens we have had a wide practice. The hawks hurt many little ones which they did not kill. One poor little creature which drooped for several days and died we found had a stab-wound of the abdomen, from a hawk's bill, probably, and died of a typical peritonitis. They often have pneumonia, and in every "hatch" from an incubator there are a few who look as if they had marasmus, with large heads, small bodies, and weak legs. They have various ills for which they must be isolated, and really need as much care as sick children—indeed, we often think of the many poor, neglected youngsters who would be grateful enough for half the care that we give to our birds and beasts.

(To be continued.)

TREATMENT OF RING-WORM OF THE SCALP WITH THE X-RAY.—The *New York and Philadelphia Medical Journal*, quoting from *Presse Médicale*, says: "Sabouraud and Noire report excellent results from this mode of treatment. Among the results are increase in the number of cures without hospital treatment, lessened number of hospital cases, diminution of the length of hospital treatment, and the abandonment of special local provisions for such patients."

THE DISCUSSION ON TUBERCULOSIS SECOND PAPER

BY RUTH BREWSTER SHERMAN
Graduate Nurse of the Johns Hopkins Hospital

(Continued from Vol. II., page 27)

IN a former paper * an account was given of the sensation in the scientific world which followed Dr. Koch's paper read at the International Congress on Tuberculosis in London in July, 1901. Until then the medical profession, taken as a whole, had for many years held and taught a belief in the unity of bovine and human tuberculosis and its transmission from the animal to the human being through the use of beef, milk, cream, and butter from tuberculous cattle. There were many veterinarians who, headed by the eminent Dr. Bang, of Denmark, discredited this theory, and some physicians—probably more than was supposed—who more or less doubted its truth; but it is safe to say that the doctrine of the identity of tuberculosis in cattle and in man, and its transmission through beef products, had gained a fairly general hold upon the intelligent public and would have steadily strengthened that hold for years to come had it not been for the position taken by Dr. Koch at the Congress of 1901.

It is not the purpose either of my earlier article or of this to support either side of this discussion, but merely to state its present position. When Koch and Bang and Welch and Osler, Salmon and Chapin and Ravenel, hold opposing or neutral opinions, nurses may very well be excused from having firm convictions on either side, but scarcely for being ignorant of the varying phases of the question. Medical principle must always control nursing practice, but "every intelligent person goes on acquiring and modifying opinions, and will while the life worth living lasts."

It should be noticed that Dr. Koch has been very variously quoted—and, it is safe to say, sometimes misquoted. It is hard for one person to state accurately the position or attitude of another, and no better proof of this is needed than the differing opinions which have been attributed to Koch.† What he really said was as follows:

* "The Discussion on Tuberculosis," AMERICAN JOURNAL OF NURSING, October, 1901.

† We find examples of this in nearly every newspaper and magazine which touches on the subject at all, but mention need be made of only one. In the New York *Evening Post*, November, 1901, in an article on "Ethics of Medical Inoculation" we find the following:

" . . . That from his experiments in infecting healthy cattle with tuberculous material from cattle and from man, he felt justified in maintaining that human tuberculosis differed from bovine and could not be transmitted to cattle. . . . It was well known that the butter and milk consumed in great cities very often contained large quantities of the bacilli of bovine tuberculosis in a living condition, as the numerous infection experiments with such dairy products on animals had proved. Most of the inhabitants of large cities daily consumed such living and perfectly virulent bacilli of bovine tuberculosis, and unintentionally carried out the experiments which we are not at liberty to make. If the bacilli of bovine tuberculosis were able to infect human beings, many cases of tuberculosis caused by the eating of alimenta containing tubercle bacilli could not but occur among the inhabitants of great cities, especially the children. In reality it was not so. That a case of tuberculosis had been caused by alimenta could be assumed with certainty only when the intestine suffered first—*i.e.*, when a so-called primary tuberculosis of the intestine was found. But such cases are extremely rare. Among many cases of tuberculosis examined after death, he himself remembered having seen primary tuberculosis of the intestine only twice. Among the great post-mortem material of the Charité Hospital, in Berlin, ten cases of primary tuberculosis of the intestine occurred in five years. Among nine hundred and thirty-three cases of tuberculosis in children at the Emperor Frederick's Hospital for Children Baginsky never found tuberculosis of the intestine without simultaneous disease of the lungs and bronchial glands. Among three thousand one hundred and four post-mortem examinations of tubercular children Biedert observed only sixteen cases of primary tuberculosis of the intestine. He could cite from the literature of the subject many more statistics of the same kind, all indubitably showing that primary tuberculosis of the intestine, especially among children, was a comparatively rare disease, and of these few cases which had been enumerated, it was by no means certain that they were due to infection by bovine tuberculosis. . . . Though the important question whether man was susceptible to bovine tuberculosis at all was not yet absolutely decided . . . he should estimate the extent of infection by the flesh, milk, and butter of tubercular cattle as hardly greater than that of hereditary transmission,

" Dr. J. Harvey Dew, chairman of the Committee on Ethics and Discipline of the County Medical Association, says: 'My own impression is that Koch's theory is not a flat denial of the possibility of conveying tuberculosis from cattle to human beings. His contention, as I understand it, was that tubercle was not transmitted by eating the meat or drinking the milk of injected cows.'

" Dr. George B. Fowler, president of the County Medical Society, says: 'Koch's contention is a broad one; that bovine tuberculosis is not transmissible to human beings.'

" Dr. E. C. Spitzka, of the County Medical Association, says: 'Koch's theory is somewhat vacillating, but his latest utterance, I take it, is a modification of the extreme view that tuberculosis is transmitted by the milk and meat of infected cows under all circumstances.'

and he therefore did not deem it advisable to take any measures against it.” *

It will be remembered that few physicians supported Koch at the time. Of these probably the best known is Dr. Henry D. Chapin, of New York, the organizer and first chairman of the Milk Commission of the Medical Society of the County of New York, and professor of diseases of children at the New York Post-Graduate Medical School and Hospital, whose double position must have given him especial interest in this question. He wrote:

“The danger of contracting tuberculosis from cow’s milk has been greatly overestimated. Tuberculosis is a dust-born disease. It is very prevalent both among human beings and animals where there is a lack of proper ventilation, and it is not so common where the ventilation is good. It is extremely probable that the variety of tubercle bacillus causing the disease in man is slightly different from that which produces it in the cow. It is interesting to know that while tuberculosis in man is decreasing in all civilized communities, tuberculosis in cattle is increasing very rapidly. The recent statement of Dr. Koch that it cannot be spread from animals to man is not accepted by most scientific observers as an infallible rule, but doubtless the cow has been unduly maligned in this connection.” †

As a result of the Congress of 1901 experiments were begun in various countries to prove or disprove the truth of Koch’s new doctrine and of the position which his scientific associates still held and defended. These experiments were far from being the first of their kind, and in America, at least, much literature on the subject was already within the reach of all who cared to read, most of it tending to prove or uphold the theory of transmission through beef and dairy products.‡ The

* This extract is taken *verbatim* from the report of Koch’s paper published in the London *Times*, and reprinted in the *Country Gentleman* of August 22, 1901.

† “The Problem of a Pure Milk Supply,” *Forum*, May, 1902.

‡ Transactions of the New York State Agricultural Society, 1899:

“Ineffectiveness of Milk of Cows which have Reacted to the Tuberculin Test.” Mohler; United States Department of Agriculture, 1903.

“Duration of Life of the Tubercle Bacillus in Cheese.” United States Department of Agriculture, 1903.

“Relation of Bovine Tuberculosis to the Public Health.” Salmon; United States Department of Agriculture, 1901.

“Legislation with Reference to Bovine Tuberculosis.” Salmon; United States Department of Agriculture, 1901.

“Tuberculosis of Cattle and its Repression in Denmark.” Bang; Pennsylvania Department of Agriculture, 1901.

later work, however, has naturally been watched with greater interest, and its results awaited with greater eagerness.

The *Country Gentleman* for October 17, 1901, reported:

"The Board of Health of New York City is conducting experiments in its bacteriological laboratory to test Dr. Koch's statement that human tubercle bacilli will not readily infect cows and calves. So far, experiments show Dr. Koch to be correct."

The New York *Evening Post* for December 22, 1902, published the following on the result of the French experiments:

"Dr. Borrell, chief of the laboratory of the Pasteur Institute in Paris, has reported on Dr. Garnault's four months of experiments undertaken to prove the fallacy of Professor Koch's theory that bovine tuberculosis is not communicable to human beings. Dr. Garnault's experiments appear to show that a man inoculated with a fragment of a tuberculous gland of a cow is affected with local tuberculosis limited to the point of inoculation, but Dr. Borrell confesses that it is impossible to draw a definite conclusion."

From Pennsylvania, in 1903, came the following:

"Experiments conducted by Dr. Ravenel at the University of Pennsylvania showed that a transmission of tuberculosis could be caused by subcutaneous inoculation. There is no longer any doubt, owing to these experiments and those conducted in Canada, that, while infection cannot always be transmitted, sufficient danger exists to render wise the most careful precaution in preventing the infection of human beings with bovine tuberculosis. Dr. Ravenel caused tubercle in the bowels of calves by feeding them with infected milk."

In July, 1903, the New York *Evening Post* published a dispatch from Berlin giving the following account of the German experiments and their results:

"BERLIN, July 9, 1903.—The Berlin Medical Society assembled last evening to hear Professor Kossel, of the Imperial Health Office, report the results of the prolonged experiments of the Tuberculosis Commission in infecting calves with human tuberculosis. Professor Koch's observations, prior to the celebrated London address of July, 1901, caused the Health Office to appoint the commission to make systematic experiments. Yesterday's paper was in the nature of a preliminary report.

"The commission's investigations cover three forms of introducing tubercle bacilli in calves—first, subcutaneous injection; second, in food;

"Tuberculosis of Cattle, and the Pennsylvania Plan for its Repression." Pearson and Ravenel; Pennsylvania Department of Agriculture, 1901.

"The Repression of Tuberculosis of Cattle by Sanitation." Pearson; Pennsylvania Department of Agriculture, 1901.

third, by inhalation. The preliminary report covers only the first form; but the experiments with the other forms continue.

"The commission decided to attempt the inoculation of calves, not with matter taken directly from human victims, but with cultures made therefrom. The experimentation covered thirty-nine separate cultures, twenty-three from adults and sixteen from children. The results were that nineteen calves subcutaneously treated did not show the slightest effect, nine showed after four months the slightest changes of condition, and seven showed more marked symptoms; but the propagation of tuberculosis in the body did not occur. On the other hand, four inoculations from tuberculous children infected calves with a disease which resembled a weak form of animal consumption, and two of this number died of tuberculosis. The commission summarizes as follows:

"The series of experiments strengthens Professor Koch's view that animal consumption as the cause of human consumption does not play the rôle generally attributed to it, but definitive judgment requires further experimentation."

"In the discussion which followed Professor Orth, the late Professor Virchow's successor, strongly combated the view that human and animal tuberculosis are dissimilar and non-transferable."

The Cincinnati *Lancet-Clinic* for July 30, 1904, printed this editorial paragraph on the report of the British commission:

"[After Dr. Koch's address in 1901] A commission composed of men of the highest learning was appointed to look into the matter, and their recent report is a complete confirmation of the common origin of tuberculosis in mankind and in the lower animals. Notwithstanding the report of the Royal Commission, Professor Koch stands firmly to his original opinion."

Dr. Koch was absent from Berlin when the report of the British commission was published, but as soon as he returned he restated his position in clear and unmistakable terms. He says:

"The report of the Royal Commission does not contain a single fact to make me change my opinion, which is based on very careful experiments, not only made by myself and my assistants, but also by other medical men of the highest standing. It is for my opponents to prove that I am wrong. I have tried for years to find a case in which tuberculosis was transferred from animals to man. Three years ago the Prussian Minister of Public Instruction, at my request, instructed all physicians in charge of the large public hospitals to report all cases which came to their notice of bovine tuberculosis having been transmitted to man, and up to this day we have been waiting to hear of the first case. As long as the Royal Commission does not show me a case in which such infection is proved I cannot believe in their assertions. Veterinary surgeons say that one-half per cent. of all cows have bovine tuberculosis, yet the Royal Commission cannot state a case of a man having been infected by drink-

ing the milk of such cows. I lay such great stress upon this fundamental question because I should like to prevent the further enormous waste of money caused by the false view of the possibility of bovine tuberculosis being transmitted to man. How many millions are wasted by the killing of animals, the flesh of which is said to be dangerous, and for the sterilization and pasteurization of milk, apart from the fact that the milk loses many of its good qualities by that process? If all of these millions were saved and spent on really practical means for combating tuberculosis we might have a chance of getting the mastery over it."*

As Dr. Koch says, this question is not only of scientific interest, but of great practical and industrial importance. If present legislation concerning tuberculous cattle were removed, it would mean the sparing of thousands of animals which are now destroyed, and the use of their products. If these products were declared safe to use, it would mean a greatly increased meat and milk supply at less cost than now, when the stock-raiser has to make his remaining animals pay for those which have been sacrificed. More directly, it is of moment to every nurse who works with the artificial feeding of babies and young children. It has been proven by government experiments and by private experience that the various germ-killing processes make milk less digestible and less nutritious to the system.† There is yearly a stronger feeling against any unnecessary heating of milk for infant feeding. Should it ever be abolished, there would be a decrease in our daily work for every bottle-fed baby; but whether with a final good or evil result to the child, the future has yet to show us. This is one aspect, but only one of many, which makes this tuberculosis question of strongest interest to all intelligent people.

* Published in the *Daily News*, June 24, 1904, and the *Lancet-Clinic*, July 30, 1904.

† "The Comparative Digestibility of Raw, Pasteurized, and Cooked Milk;" Maryland Experiment Station, 1901. "Facts About Milk;" United States Department of Agriculture, 1896. "The Feeding of Infants;" Dr. Joseph Winters, 1901, and others.

CHILDREN'S WARDS IN ST. THOMAS'S HOSPITAL, LONDON

BY FLORENCE M. POWELL

Graduate St. Luke's Hospital, Richmond, Va.

IT has occurred to me that a brief account of the very attractive children's wards that I saw last summer in St. Thomas's Hospital, London, may be of interest to the readers of THE AMERICAN JOURNAL OF NURSING. Hearing that St. Thomas's was one of the most up to date of London's hospitals, I went there one afternoon and asked to be shown through.

I found it well situated, in the first place, on the banks of the Thames, opposite the Houses of Parliament, modern and well-equipped, a most attractive place. What most interested me, however, were two children's wards, which had been finished and opened in the past year as memorials to the children of some wealthy people.

I am poor at measurements, so can give little idea of the size of these wards in feet and inches, but I noticed that there were about twenty beds.

The walls were tiled throughout, and—happy thought—the old, familiar stories of Mother Goose had been re-told on the tiles in bright-colored pictures and rhymes. The general color scheme was green, which was carried out by having a deep frieze and the wall space between the pictures a lovely, restful shade of green, almost giving the effect of bright pictures hung on a green wall. The little beds were painted the same color; this, with potted plants and palms, made a very charming picture, really calculated to make a little child long to be sick, especially a little tenement-house child.

There were about five pictures on each side and two on each end wall, thus making them large enough to be seen and the rhymes to be read across the room by each child in his little bed. The pictures were so well drawn and colored that I felt as if the old-fashioned pictures of Mother Goose that we older ones knew and remember so well had been copied.

I don't doubt the work of the nurses has many times been lightened by having this means of amusing and distracting the attention of little patients undergoing some painful treatment. The fact of the pictures being in bright-colored tiles instead of being painted on the walls insured that perfect cleanliness we all strive after. It may be that some of our new hospitals in this country have used this plan, although I have

never seen any account of it, but it seemed to me so practical, and to be such a source of pleasure to the little sick ones, that I hoped the idea might be suggested to someone who contemplated furnishing and endowing a children's ward.

STATE REGISTRATION *

By MRS. L. ALICE CHAMBERS

Superintendent Grace Hospital Training-School, Detroit, Mich.

THE attempt to furnish a paper on "State Registration" cannot be one which essays to bring to you many new ideas, for it is a subject which has already been written upon by physicians and some of the brightest members of the nursing profession, who have viewed the subject from every side and every possible stand-point, the summaries of which writings are conclusive argument for that which we of the State of Michigan and other States are striving to-day.

Scanning the pages of THE AMERICAN JOURNAL OF NURSING alone one is surprised at the rapid growth of the movement, and we who have not kept pace with it question, What was its origin? What are its motives and benefits? How has it and shall it be obtained? and What of its future?

The origin of *State organization* was the outcome of the necessity felt by the nurses themselves for a higher standard of education and for improvement in their chosen profession, a natural consequence following the organization of the "Society of Superintendents of Nurses," which was established for *educational purposes*.

The first person to suggest State registration was Mrs. Strong, of the Glasgow Infirmary, and the subject has been agitated in England for many years. Miss Sophia Palmer was the first person in this country to put a working plan on paper, the outline of which was read before the New York State Federation of Women's Clubs at their meeting held in Rochester, N. Y., in November, 1899. This outline has been the basis for the work done since.

About the same time Miss Sylvie Nye, the first president of the New York State Graduate Nurses' Association, organized in April, 1901, advanced ideas along the same line, although her plan was somewhat different. The publicity given the subject at this time set the ball a-rolling.

* Read at the meeting of the Michigan State Nurses' Association in Grand Rapids, March 1, 1905.

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Although it is the nurses who are the prime movers for State registration, they are not the only ones to experience its benefits, for improvement along any line of work must conclusively have a beneficial influence wherever it reaches. A patient obtaining the services of a nurse will very soon learn to distinguish between the one thoroughly qualified to care for his case, strictly professional and truly ethical in every way, at the same time not forgetful of the little niceties of the sick-room, which are so much appreciated by the patient and for which the practical nurse alone is so often given credit. Education of the public to distinguish the trained from the untrained nurse must be done by deed as well as word; otherwise our aim in securing State registra-

Interesting papers bearing upon the subject were read at the International Council at Buffalo by Mrs. Fenwick, representative from Great Britain, and Miss Nye. The following quotation from the paper of the latter will be interesting to us, as it tells briefly what their aims were in taking first steps for State registration: "We desire and expect to accomplish four things: uniform qualification, uniform curriculum, uniform final examinations conducted by the Regents, and the legalization of the title of nurse."

The closing words of the paper by the former sounds a note of counsel to us to-day the same as it did to them four years ago: "I have endeavored to deal with general principles on which a *common ground of agreement* may be found rather than with details on which differences of opinion are certain to exist. I only hope, and that most earnestly, that the deliberations of this congress on this vitally important question to our profession may result in the determination of some more ground of action on which we shall be agreed, for which we can all cordially work together, and which shall in the future bring about the best possible system, whatever that may prove to be, of organization for the nursing profession and of State registration of trained nurses."

The pioneer States in the movement for State registration were North Carolina, New Jersey, Virginia, New York, Maryland, and Illinois, the first five succeeding in securing the passage of a bill, Illinois being unsuccessful only through the Governor's veto.

Thus far each of the States having State registration, excepting New Jersey, has a State Board of Examiners consisting of five members, all or a part of which have been appointed from members of the State association of nurses.

We need dwell but briefly upon the past of a subject which is making its own history with such rapidity daily, for other questions and inquiries regarding it are of more importance to us.

tion—to classify, as it were, all persons doing nursing—will be lost sight of, and the laity be as ignorant of the kind of nursing which they have a right to expect as heretofore. Not that we wish to abolish the practical nurse, for there is a field for her also; but that in justice to the patient and the nursing profession she *practise* her profession as such.

Another real menace to the patient is the probationer who may have spent only a short period in some hospital and who dons the uniform and unscrupulously receives the remuneration due the graduate nurse, also the graduate from the so-called "Correspondence Schools of Nursing." When these are eliminated, which can be done only by the protection afforded by the State through legal measures, much of the calumny now directed against the nursing profession will be done away with.

To the physician, who is responsible to the patient and the patient's friends for the care of his case, the movement for State registration should appeal strongly. Under existing circumstances he has no means, especially in a strange city, of ascertaining the quality of nursing likely to be furnished when securing the services of a nurse. The legal right to possess the title "R. N." would be a guarantee to him of a certain amount of intelligent care for his patient. More than this, he would have a means by which he might obtain redress for poor results caused by ignorance on the part of an incompetent nurse.

It has proven a good policy to do away with "quacks" in the medical profession. Why is it not quite as important to sift the nursing profession and free it from all incompetency, for the erring nurse is capable of undoing all the physician or surgeon has been able to accomplish. It is a cardinal principle of the nursing profession to be loyal to the physician. Why should not the physician reciprocate this courtesy to the nurses and aid them in their efforts to elevate the standard of the nursing profession?

One of the most noticeable facts attendant upon the attempt to secure State registration is the apparent indifference on the part of some nurses regarding the subject, especially those engaged in private practice, whom it seems this would benefit most. Nurses engaged in institutional work must guarantee efficiency to fill the position, but the practice of the nurse on private duty may be appropriated by many. How, then, can she afford to be indifferent to the situation, since the thousands being graduated annually only increase the danger? It means more than this, however: it means that with a definite standard and greater requirements a decidedly greater obligation devolves upon us to fulfil these requirements. In doing this we reap the greater benefits

arising from mutual association, protection, and the advancement of the nursing profession.

Through State registration the gain to nursing schools would be inestimable. In order to prepare nurses to meet the requirements of the adopted standard, which should be uniform throughout the country, hospitals and schools will be obliged to furnish material for the instruction of the pupil-nurse. A hospital providing a limited experience, or having no definite course of theoretical instruction, with possibly only indifferent teaching, would not be eligible for registration, nor its graduates allowed to register. This will not only give to the nurses much better instruction, but make the instruction more uniform, resulting in an excellency of work which in time will eliminate from the profession all those of only mean ability. As is already predicted, "The time is fast approaching when to acknowledge yourself not a 'registered nurse' will be to admit that you are below the standard."

Having already defined what we mean by "State registration," that it is a legal means by which a prescribed standard of educational requirement may be brought into effect, at the same time to establish a name for that standard, also to impress upon the minds of all that it is in no-wise a "trust," as is already feared, and that this does not interfere with any person doing nursing so long as he or she does not claim to be a registered nurse, we now ask, how shall we obtain precedence at court, as it were, and gain a hearing? It has been the experience of all States dealing with the subject that first of all the bill should be both broad and elastic enough to allow all who at the present time are not eligible to try for State registration to become so if they desire. Each and every nurse must coöperate in the movement, and in order to do this intelligently we must study the bills of States already having State registration and also the bills pending; be familiar with both the strong and weak points of each; understand the subject fully; get the influence of the physicians with whom we come in contact; obtain the influence of the press, for through it the public mind gets in touch with and is made receptive of new ideas and movements; and, last of all, work for it at this and all subsequent meetings until the end sought is obtained.

Just a word regarding the *future* of our subject. With us at some future time, as with the medical profession to-day, the question of "reciprocity" will be the most important question of the day. Would it not be well to bear in mind these facts, that inasmuch as the requirements of each State may vary according to its individual needs and conditions, nevertheless, if the standards are made as nearly uniform as possible much arduous labor and many difficulties will be abolished

which otherwise would greatly impede the progress of reciprocity. To quote from Miss Nutting's very able paper on this point in the future of State registration: "This much is open to us now: In framing laws we may do so with distinct reference to future reciprocal relations, and in each State we should aim at establishing a standard sufficiently high to prevent its exclusion from other States." Also, "One thing we must realize, that is, the ideals which inspire the growth of any educational work must change from year to year; they cannot remain fixed and unalterable; they must grow, and we must grow with them if we wish to be worthy of our great responsibilities and really great opportunities.

THE WAR AGAINST MALARIA IN ITALY

BY ANGELO CELLI

Institute of Hygiene of the University of Rome

TRANSLATED FROM THE ORIGINAL

BY L. L. DOCK

(Continued from page 374)

[After some scientific discussion which we are compelled to omit the account continues:]

But the most extensive and fruitful inquiries are those which have been made in the most important field, from the point of view of practical results, that of prophylaxis. The first steps taken by Casagrandi and myself had for object the destruction of the mosquitoes. The results obtained in my laboratory were very encouraging. But in the unlimited field of practice the difficulties were such that one could hardly, in this way, accomplish the extirpation of malaria except in special cases. Our attempts to find a preventive serum remained equally fruitless.

On the other hand, the most practical results were given us by quinine and by mechanical protection against the sting of the mosquito. Quinine has long been employed as a specific in malaria either to cure an infection already received—curative treatment, or to obtain an artificial immunity induced by the drug—preventive treatment.

As regards the first of these two types of treatment, we were able to add to the testimony that there are fevers so obstinate as to recur in spite of even prolonged treatment with quinine alone or associated with arsenic and iron. This is why treatment, even the best and most intensive, applied in the preepidemic period only, does not prevent, in the

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course of the summer immediately following, the development and extension of malaria, and, consequently, it is practically more difficult than one would believe to extirpate malaria from an extended locality by treatment with quinine during the fever alone. In any case this could only be the work of long years, and every case of fever, whether primary or recurrent, in each period of the year would have to be combated assiduously and energetically. Happily, the preventive treatment by means of the preparations of quinine gives more definite and more satisfactory results. Thus, in 1900 we experimented with euquinine, but its price being excessive, we had to give it up, in spite of its easy administration and excellent results.

In 1901 we employed the bisulphate and hydrochlorate. Of two hundred and eight persons under treatment, there were scarcely two per cent. of cases of malaria, whilst those who, as control experiments, received no treatment showed a proportion of cases varying from twenty-five to sixty-six per cent.

[Statistics of treatment with hydrochloric acid then follow, and the article continues:]

The above-mentioned salts of quinine, easily soluble, are tolerated longer and better than we would at first have supposed.

For prophylaxis the daily treatment is more efficacious than the discontinued treatment at intervals of almost a week. When administered daily, some buzzing of the ears is caused for the first three or four days. After that there is no disturbance, the appetite improves, and strength increases. When these salts are given every five, seven, or ten days the buzzing of ears returns with each fresh administration. Moreover, the alkaloid is eliminated rapidly; the blood may be thus protected insufficiently or not at all. On the other hand, with daily doses the drug exerts a cumulative action and produces a perfect antidotal force.

We may note in addition that the preventive use of quinine, even when it does not succeed in preventing fever (and failure of this kind is rare), in no wise prevents the therapeutic action of larger doses, as has been believed, but, on the contrary, facilitates it. Large doses, far from being less efficacious with those who have taken preventive treatment, are more effective in terminating malaria if it should have developed despite the preventive doses.

A large sphere of action is thus reserved for the above-mentioned salts of quinine in practice for all those whose work lies out-of-doors, or for country laborers and those who work at night.

Thus, for the peasants employed on large farms infested with

malaria in time of harvest this method of preventing fever should be extensively used.

[After discussing the different preparations of quinine, Professor Celli continues, outlining the work of preventive treatment as follows:]

(a) During the months in which the malaria develops preventive treatment should be applied to all persons, those who are well as also those who may have a latent infection.

Daily or weekly distribution of quinine can be made without difficulty, provided that the sugar-coated tabloids are used. The cost is very small, two or three francs per person during the whole season of four months. The quantity of quinine necessary for each person during the whole course of treatment is less than that which must often be employed to cure one case of fever.

(b) Those rare individuals who in spite of prophylaxis take the fever must have therapeutic doses immediately with the aim of cutting short the disease. And this must continue from two or four weeks, the preventive treatment finally being resumed.

(c) Individuals who in spite of treatment suffer recurrences must be treated with large doses for a yet longer time,—four to six weeks,—and also with iron and arsenic.

In this way, from one year to another, this hereditary scourge of infection would be continually weakened; by perseverance, it would be possible to attain a remarkable reduction, perhaps even an entire suppression, of the tribute which our rural population pays to malaria.

Everywhere in Italy *mechanical prophylaxis*, especially the protection of houses against the entrance of mosquitoes, has given most marvellous results. In 1901, upon the initiative and by the advice of our society, five thousand one hundred and sixty-five persons, employés of the railroads, public officials, peasants, working men and business men, were mechanically protected against malaria.

In localities especially chosen for a virulent type of malaria, among four thousand three hundred and sixty-three individuals completely protected there was an average of 1.9 per cent. of cases, and among eight hundred and two who were incompletely protected 10.9 per cent of cases. In 1902 of five thousand eight hundred and fifty-one persons mechanically protected there was in all 2.8 per cent. of new cases, and only 10.1 per cent. of recurrences.

Thus a great number of poor families afflicted for years by malaria for the first time entered, as it were, upon a new life, thanks to mechanical prophylaxis either alone or associated with treatment by quinine.

[Professor Celli then spoke in detail of different places where mechanical protection was in full force, but concluded that the expense of proper window-nets and screen doors and the care necessary in managing them would prevent this method of protection from ever becoming general among the peasants. He also spoke of the interest which had been shown in the work of the society by the Governments of France, England, Austria, Russia, Roumania, Greece, Spain, Brazil, and Argentine, and of his hope that there might be an international effort made towards abolishing this universal and formidable scourge. He then continues:]

Italy has given the first example of special legislation against malaria. On the initiative of members of our society Parliament has already passed two laws.

In virtue of the first, pure quinine is prepared and distributed for sale over every part of Italy under government supervision. According to the second, workers and peasants are to be abundantly and gratuitously supplied with quinine by physicians at the expense of the employers. A neglected case of malaria is recognized as an accident received in the course of work, and in case of death damages may be recovered on the ground of criminal neglect. The State set a good example in protecting all the dwellings of those directly or indirectly in its employ. Consequently the customs officers, the employés of highways, railroads, and all kinds of public works, will all be protected against malarial infection, and now that the obstacles audaciously opposed by a small number of selfishly interested or unprincipled people have been overcome, these two beneficent laws are proving of precious and inestimable service to the people.

The revenue received by the Treasury from the sale of quinine, which will be considerable even though it is sold at a low price, is to be entirely devoted to the work of prosecuting the national struggle against our secular enemy.

In France there is talk of imitating our legislation as to quinine.

The municipality of Rome has given the good example of introducing new and salutary principles of anti-malarial hygiene into the regulations of the local sanitary board. Upon my proposition the Minister of Public Works has also incorporated them into contracts for new undertakings in malarial districts, and he has published the new regulations which must be conformed to in beginning and carrying on work in reclaiming the soil. Three hundred and twenty-five thousand souls will be affected by these rules. The scientific irrigation of the Roman Campagna will henceforth be accomplished with an eye to the new principles of the etiology of malaria in seeking the maximum of hygienic efficacy.

If other communes which have land in malarial regions imitate the good example of Rome, there are grounds for hope of gradually putting the foe to flight and of ridding our most beautiful and potentially our richest land of its scourge, for it is capable of becoming most rich and productive if the peasants who work it can be enabled to remain on it all the year. Such a peasant as ours, working miracles wherever he emigrates, must be assured in the great estates where he works of healthful dwellings, which, with the guarantee of prompt, assiduous, and gratuitous treatment by means of quinine, will assure him a tranquil existence and prosperity where he now finds only illness and death. Then the colonization of great estates will become an accomplished fact. With this aim, the concurrence of the State in the building of rural dwellings has been secured in the project of reclaiming the Campagna, and a new sanitary law compels proprietors to construct and maintain protected dwellings or shelters in malarial regions.

In order to educate the people, without whose coöperation laws, and especially sanitary laws, are ineffective, conferences have been held in the principal cities of the kingdom, and in the country forty-two thousand leaflets have been distributed teaching the new principles and new methods for warding off fever.

Giustino Fortunato warned us long ago that malaria is the essential problem for Italy, and that it plays a capital rôle in the urgent and menacing questions of southern countries.



THE X-RAYS AND STERILITY.—Many of the medical journals have given place to articles and discussions on the X-rays as a cause of sterility. Their inhibitory effect on the growth of seeds has been proved, and German experimenters have produced sterility in rabbits by exposing the abdomen to the action of the rays. Several men engaged in doing X-ray work have been rendered at least temporarily sterile as a result of exposure, and it is said that women are even more susceptible to its influence, the ovaries being so affected as to destroy the vitality of the ova and so render impregnation impossible.

It is suggested that a powerful agent is thus available for the improper prevention of pregnancy. Also that the generative organs of degenerates should be treated by this means to prevent their propagating imbeciles or degenerates like themselves. Its use is also suggested in the case of enlarged prostate, as infinitely more easy and painless than castration.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



A DIRECTORY OF INSTITUTIONS AND SOCIETIES DEALING WITH TUBERCULOSIS IN THE UNITED STATES AND CANADA. Compiled by Lilian Brandt. Published by the Committee on the Prevention of Tuberculosis of the Charity Organization of the City of New York, and The National Association for the Study and Prevention of Tuberculosis.

Besides furnishing a very comprehensive list of the institutions and societies engaged in the war against the spread of tuberculosis, this directory contains some interesting and valuable papers from specialists whose names are familiar to most of us. It is to be hoped that the book will be made widely known, and that local stationers may offer it for sale generally in all parts of the country.

A glance at the contents shows what seems to be a great partiality for treating the favorable cases, and in more than one paper there is urged the need of more places for the hopeless cases. It certainly seems poor economy to send the tubercular subject back to his home at the very time when his presence is most dangerous to the other members of his family. Another point where the wisdom of man appears to the mere onlooker as questionable comes under the head of municipal control —the fine of five hundred dollars, or one year's imprisonment, for ignorance. The men who expectorate have really no idea that it is anything but a rather neat accomplishment, and there seems a lack of reason in a fine for spitting on the floor of the car, while the salivated one may shoot at the defenceless foot-passengers from the platform of the car or from its windows with impunity. A placard of advice might at least go along with the awful menace of the law; a great many people find a fascination in breaking an arbitrary law, but few like to expose themselves as very simple or foolish or ignorant.

There is very little mention made of provision for non-pulmonary tuberculosis, only for something less than one hundred children and none at all for adults. This may be because the class is still received in general hospitals, however. We very cordially indorse the wish of Miss Brandt. "There is," she says in her introductory, "every reason

to hope that the second edition of the Directory will be twice the size of this volume."

AMERICAN POCKET MEDICAL DICTIONARY. Edited by W. A. Newman Dorland, A.M., M.D., assistant obstetrician to the Hospital of the University of Pennsylvania; fellow of the American Academy of Medicine, etc. Containing the Pronunciation and Definition of All the Principal Terms used in Medicine and the Kindred Sciences, along with Over Sixty Extensive Tables. Fourth edition, revised and enlarged. Published by W. B. Saunders & Co., Philadelphia, New York, London. Price: plain, \$1.00 net; indexed, \$1.25 net.

The Pocket Dictionary, as it now appears, will require a good, large, and stout pocket to hold it, for although it is printed on fine paper and with nothing wasted in margins, and in the neatest of fine leather binding, yet there are five hundred and sixty-six pages of it and it is considerably larger in its fourth edition than in its first. The Pocket Dictionary needs scarcely any recommendation, as it has become a necessity to the nurse, forever on the move, and to whom the bigger dictionaries are almost always inaccessible when most wanted. The preface to the fourth edition states that "several thousand of the newest terms have been incorporated, and the whole work has been submitted to a careful revision. The additions include hundreds of new terms that will not be found in any similar publication." Apart from the contents the book deserves a special word of commendation for the taste displayed in its binding of red and gold.

THE CARE OF THE BABY. By J. P. Crozer Griffith, M.D. W. B. Saunders & Co., Philadelphia, Pa. Price, \$1.50.

This book contains a wealth of information valuable to the young mother, and may be safely recommended to their patients by nurses engaged in obstetrical work.

A physician has said of it, "I always give a copy to the young expectant mothers who are under my care."

MISS ETHEL McCaul, an English nurse, who, with the sanction of the Queen of England and the permission of the Japanese Government, went to Japan last spring to observe Japanese medical and nursing management in war time, has published a most valuable and entertaining book called "Under the Care of the Japanese War Office," published by Cassell & Co., in which she describes with detail the marvellously perfect organization and methods of this wonderful people. The book ought to be placed in every nurses' library.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



NERVOUS EXHAUSTION IN INFANTS.—The *Journal of the American Medical Association*, quoting from the *Archives of Pediatrics*, says: "Attention is called to this condition by Northrup, and a case is cited of a four-months baby suffering from nervous exhaustion, nervous dyspepsia, and prostration, the condition being cured finally by instituting rest treatment and by providing an intelligent nurse. The baby made a good start in life, but after a few months social demands began to wear on the mother and the milk suffered. In addition to all this was the incessant wear on the child's nerves by the noise made by trolley-cars and other street traffic and injudicious excitement, such as waking it from sleep, jumping it in the air, etc. Quiet surroundings were provided, the infant was fed in a dark room, all unnecessary noises were either muffled or reduced, and, above all, a wise nurse was given sole charge of the infant. The result was that in a fortnight the baby was feeding on maximum diet, sleeping perfectly, and gaining in weight. It has thrived ever since."

COLD AIR IN PNEUMONIA.—Dr. W. P. Northrup reports a case in the *Medical Record* of pneumonia in a delicate little girl fourteen months old which he treated with open windows in December. The temperature of the room was at times 28° F. The child's temperature, 105°; pulse, 140 to 180; respiration, 40 to 60. He sums up his conclusions as follows:

"How to Cure a Baby with Bronchopneumonia.—1. Castor-oil to clear the field of operation. It is the first aid to the injured.

"2. Fresh air, cool and flowing. It reddens the blood, stimulates the heart, improves digestion, quiets restlessness, aids against toxemia. Regulate the temperature of the air in the room inversely to that of the child. The patient's feet must always be warm and the head cool.

"3. Water, plenty, inside and outside. Temperature of the water as indicated by child's temperature.

"4. Quiet and rest. Tranquillizing influences about patient. Undisturbed sleep.

"5. Correct the feedings to prevent fermentation and the formation of gas in the abdomen. If there is need, give high hot salines.

"6. Antipyretic: Water; no coal-tar products.

"7. Heart stimulants: Fresh air, hot foot-baths, relieving tympanites and crowding. Hot foot-baths and hot salines can be given in a cold room; both can be given under the bedclothes.

"8. Drugs: Whiskey and strychnine. These are the first drugs mentioned, unless that household remedy, castor-oil, be included. Promote general comfort in every rational way.

"How to Kill a Baby with Pneumonia.—Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing); room at 80° F. Many gas-jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105° F., make a poultice thick, hot, and tight. Blanket the windows, shut the doors. If these do not do it, give coal-tar antipyretics and wait."

Dr. Northrup says: "I asked the nurses what they thought of the fresh-air treatment for pneumonia, and they confessed that at first they were horrified, and thought they themselves would catch cold and get sick. To their relief they soon found that they endured their vigils much better, were fresher, and wider awake from having constant good air. They were truly delighted. They declared that my prognosis was fully justified and believed that the patient passed through with less exhaustion than any other they had ever known."

THE SUCTION METHOD OF CLEANSING RAILWAY CARS.—*American Medicine* says: "An immense vacuum plant has been erected in the Jersey City yards of the Central Railroad of New Jersey for the purpose of cleansing cars of dust and disease germs. This road has seen fit to institute the vacuum system and for a distance of three thousand feet pipe has been laid, varying from two inches to five inches in diameter, covering a distance of about three miles. At various intervals the pipe is tapped and from these cocks flexible hose is run, which can be taken into a car either by the window or door. At the foot of the hose is a metal pipe with a flat triangular end, along the base of which is an opening through which the dust and dirt is drawn by a vacuum or dirt machine located in the central plant. The man handling the hose runs the slight openings over the cushions, curtains, wood-work, carpets, etc., and without noise or dust-raising every particle is quickly whisked away. Before reaching the central plant the dust must pass through two dust separators, the first of which clears the air of ninety per cent. of the dust and germs, the second separator or cylinder draws the air through a solution of corrosive sublimate, and complete disinfection is thus accomplished. It is estimated that by this apparatus two cars can now

be thoroughly cleaned at the same expense of time and money as was formerly required for one." When this method can be applied to cleaning homes a long step will have been taken towards solving the domestic problem.

ADMINISTRATION OF OXYGEN GAS.—"At a meeting of the Chicago Medical Society," says the *Journal of the American Medical Association*, "Dr. H. J. Burwash referred to a paper by Kellogg, of Battle Creek, Mich., entitled 'Oxygen Gas Per Enema,' which was published in 1887. In this paper Kellogg discusses at length experiments on guinea-pigs, showing that this gas per enemata is readily absorbed, and that dark, venous blood is noticed to be immediately changed into bright arterial blood by its application. He therefore recommends this method for the treatment of diseases of the liver and digestive organs. He reports many cases, nearly all being of digestive troubles. Dr. Burwash has made a new application of this method by using it in the treatment of the acute respiratory diseases, particularly pneumonia. He first used it in August, 1891, in a severe typhoid case, after failing to resuscitate the patient by the usual method of inhalation. The patient was a young girl, sixteen years of age, who became profoundly toxic, delirious, and cyanotic. The gas by inhalation did not appear to revive her from the stupor, and then it occurred to him to administer the gas per enema. He gave her one gallon; after two minutes' duration the respiration became more exhilarated and the deep cyanosis disappeared. The patient recovered after a very protracted illness. Since that time he has continued to use oxygen per enema in all his critical cases, especially pneumonia. It is plainly apparent that the introduction of a large quantity of oxygen into the intestinal canal not only neutralizes and deodorizes the noxious gases that are frequently present there, but also introduces oxygen through the portal system to the liver, whose cells are not only stimulated to greater activity, but are nourished as well. Besides this, the already overcharged lungs are assisted in their function of aeration of the blood."

MENTHYL VALERIANATE.—The *New York and Philadelphia Medical Journal* says: "Menthyl valerianate has been found to be an excellent prophylactic against seasickness. K. Köpke, in a treatise on seasickness, recommends this preparation on the grounds that, though not absolutely infallible, it yet rarely fails to act. In the early stages of the sickness it is best taken in ten to fifteen drops on a lump of sugar. If this dose should not have the desired effect, it may be repeated after half an hour, with observation of the strictest diet."

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE REVOLUTION IN FRENCH HOSPITALS

VOLUMES of history could be written upon the French hospitals and their ups and downs, and the deeply significant and important changes which have been going on for the last two decades in these hospitals and their nursing service can hardly be intelligently grasped without some knowledge of previous history. As tremendous and complete a revolution as occurred in English hospitals as a result of the work of Florence Nightingale, Elizabeth Fry, and Louise Twining has been going on in the French hospitals, but not so peacefully or with such general public approbation and support. It would, indeed, be a most superficial judgment were one to go into the hospitals of Paris to-day and simply criticise them as they appear in comparison with the English hospitals, without considering all the circumstances and previous conditions, and without remembering the social conditions. It is true that a nurse from a good English or American hospital, if suddenly dropped down into one of the huge city hospitals of Paris, would see almost nothing that she could admire and much that would shock her and impress her most painfully. Nevertheless, the only just way to estimate what she sees is by acquainting herself with the problem that lay before the authorities and the medical staff and with which they are still wrestling.

The first hospital in France was at Lyons, founded by King Childebert. In 816 Charlemagne decreed that in each bishop's see a canon should govern the hospital and that the latter should always be near the cathedral, so that the clergy might easily visit the sick. The Hôtel Dieu, placed near the church of Notre Dame, remains an example of this relation between church and hospital, which is also so strikingly and picturesquely evident in Italy.

When we remember that before hospitals were universal the monasteries were hospices, lodging-houses for pilgrims, and refuges for the sick, it seems natural that hospitals in their early days should have taken over the care of all persons requiring a somewhat specialized attention. So the Hôtel Dieu, built by the Bishop of Paris, Landry, now sainted, at his own cost in 600 A.D. united the functions of inn, workhouse, asylum, and infirmary. It had several branches, or daughter houses, one for convalescents, one for incurables, etc.

The early Christian kings all took much interest in hospitals, and the archives of this venerable old hospital, the oldest of which is said to be dated 1157, contain many historical pages of deepest interest.

The histories tell us that, by some reaction, after great emergencies from epidemics in the fourteenth and fifteenth centuries, hospitals were neglected, and both clergy and nobles used the funds for other purposes. In 1561 Henri III. took the management of the hospitals out of their hands and put it in that of shopkeepers and laborers. However, things were no better. A committee appointed by Louis XIV. to examine into the hospitals reported frightful conditions,—insane, medical, and surgical patients all crowded together,—and the control went back to the religious corporations. It was in the sixteenth century that St. Vincent de Paul founded the famous order of Sisters of Charity, no doubt impelled thereto by the woful conditions of the hospitals in his day. So accustomed are we now to regard the good sisters as "religious" that few of us perhaps realize how absolutely revolutionary a departure from and defiance of customary religious forms the ground principles of this great man really were. It seems altogether improbable that in his day his views did not appear heretical, dangerously radical, and subversive of order, though we do not now hear anything but praise. The sisters were organized on a lay basis, and Vincent de Paul's express and reiterated instructions to them were,—*not* to become "religious," because this state was unsuited to the practice of their vocation. They were to be placed under the absolute command of the physician, and Dr. Anna Hamilton says that the reason they were for so long the most popular order of sisters was because of this regulation. Vincent de Paul told them to obey the physician not only as to the care of the patient, but also in what concerned themselves. The beautiful words of his instructions are well known. Their convents should be the houses of the sick; their cells, their lodgings; their chapel, the parish church; their cloisters, the streets and the wards. Their "clôture" was to be obedience; their "grille," the fear of God; their veil, modesty. Finally, he warned them when the time should come that anyone would say to them, "It is better to be religious," and that they should heed the words and become monastic, that then their society would be ready for dissolution ("for extreme unction").

According to statistics compiled for Neckar, the Minister of Louis XVI., France had, in crusading times, two thousand charitable institutions of all kinds, and cared for forty thousand foundlings, forty thousand infirm and aged, and twenty-five thousand sick people, whereas in 1789 it had only seven hundred institutions in all. The reports of the Assistance Publique (corresponding to our Department of

Public Charities) at the time of the French Revolution speak of "abuses of all kinds; excessive multiplication of employés and expenses; the afflicting spectacle of several patients placed in one bed" (not the case during the Middle Ages). Mons. Germain Garnier says in one such report, "It is proposed to institute (in the hospitals) a course of practical medicine, which does not exist in France, and to form a school of surgery to educate competent assistants."

The report speaks of the condition of the insane as being too horrible to describe, and says the well-being of patients was sacrificed to that of the attendants, who had a profuse and extravagant table, with wine far more costly than that of the patients.

Four rows of beds stood where there was only room for two, and contagious fevers, smallpox, wounds, and obstetrics were all heaped together. The death-rate was twenty-five per cent., and one would suppose it would have been higher. In addition to other horrors, the slaughter-houses for all Paris were situated directly under the Hôtel Dieu.

Dr. Anna Hamilton, in writing of these conditions, emphasizes more than once that, even when sisters were in charge of the wards, the *actual nursing* was done by "mercenaries" or paid hirelings, and in the records of the hospital in the seventeenth century the complaint is made that the sisters were busy with religious duties instead of the care of the sick and that the latter were neglected.

(To be continued.)

AN INTERNATIONAL CONSPIRACY

It is noteworthy that in England and America almost simultaneous publicity has been given to plans for controlling the nursing profession by, practically, a dictatorship under which nurses will be simply helpless serfs if the projected plans are carried through.

It is noteworthy, also, that the instigators of these plans for both countries had, last summer, opportunities for meeting and advising together. We do not say that they did so, because we cannot prove it. But we know that the opportunity was there, and we see, on both sides of the water, proposals of remarkable similarity being presented at almost one and the same moment.

For the source of the American proposals we need go no further than Dr. Worcester, who spent last summer abroad. For the source of the English proposals, to a self-interest which has been of untold injury to the nursing profession for years past. Let the two be compared side by side.

AMERICAN PLAN.

"It is proposed to form an association of all who are interested and actively engaged in advancing the profession of nursing; and it is desired to secure the coöperation of every training-school for nurses in New England.

"In no sense is it proposed to antagonize or to supplant existing associations of graduate nurses and of training-school superintendents, but rather to supplement their laudable efforts for the advancement of their profession by enlisting for this purpose the medical and lay instructors, the managers and trustees, and all other benefactors of nurses' training-schools.

"It is confidently expected that such an association will bring about more uniform methods of training, higher standards of education, more effective coöperation between the medical and the nursing professions, and, finally, more serviceable relations between nurses and such institutions and families as need their services.

"It is also hoped that some central Examining Board may be devised which shall, by giving graded certificates, guarantee the fitness of nurses, who are recommended by their schools, in the different departments of nursing. In connection with this service, such an Examining Board might also assist training-schools to provide such instruction as will fit their students for the association's endorsement.

ENGLISH PLAN.

"1. The name of the society is 'The Incorporated Society for Promoting the Higher Education and Training of Nurses.'

"2. The Registered Office of the Society will be situate in England.

"3. The objects for which the society is established are:

"(a) To promote the higher education and training of nurses.

"(b) To promote uniformity of curriculum in the training of persons intended for the nursing profession.

"(c) To recognize approved nursing schools.

"(d) To grant certificates of proficiency in nursing to persons who may pass prescribed examinations after training, and to grant certificates of training and proficiency in nursing to persons who have been trained in recognized nursing-schools and have passed prescribed examinations. Provided that the society shall not grant, or profess to grant, titles or diplomas.

"(e) To grant certificates of proficiency in any special branch of either medical or surgical nursing.

"(f) To institute and conduct examinations of persons desirous of obtaining certificates of proficiency, or of training and proficiency, in nursing, and to encourage improved training.

"And perhaps it may also be hoped that the association will maintain a New England registry of nurses, which shall serve to unite existing registries, and to help all nurses who hold the association's certificates to find employment wherever they may be living as well as in the immediate neighborhood of the schools where they were trained.

"It is hoped that in such an association it will be possible to arrange for the interchange of courses of instruction for student nurses, for their broader education, and also advanced courses in the specialities of nursing.

"Such work as proposed has been of great service in Holland during the past thirty years. It is further hoped that a weekly nursing journal may be established, under the auspices of the association, which shall contain lectures upon nursing subjects as well as the locally interesting nursing news."

- "(g) To prescribe such courses of study and technical training, and to diffuse such information as may be calculated to insure the fitness of persons desirous of qualifying as nurses, and of obtaining certificates, either of proficiency or of training and proficiency.
- "(h) To make and maintain a register of persons to whom certificates of proficiency or of training and proficiency have been granted by the society.
- "(i) To remove from such register the name or names of any person or persons as the society may in its discretion think proper.
- "(j) To take measures against any person who never held a certificate of the society, or whose name has been removed from the register, to prevent such person from representing that he or she holds the certificate of the society.
- "(k) To promote the advancement of nursing as a profession in all or any of its branches.
- "(l) To provide, establish, and maintain, in London and elsewhere, examination halls and lecture rooms, with all requisite equipment, and to institute and provide courses of lectures and demonstrations.
- "(m) To establish, print, and publish a newspaper, journal, or magazine, also a calendar and such other publication or publications, periodical or otherwise, as the society may think necessary for the purpose of promoting the objects of the society."

(And other details.)

Both of these proposals have one and the same object—namely, to prevent nurses from obtaining, or exercising, the right of self-govern-

ment under the laws of the State, which is the right of every citizen of a free country. Leaving entirely out of consideration for the present the question of nurses *vs.* the public, men *vs.* women, employed *vs.* employers, we contend that the purpose at the bottom of these efforts is treachery towards the principles of a free government and is subversive of the personal liberty guaranteed to the citizens of a free state.

The English nurses are petitioning the government to give them a just need of protection, regulation, and definite standing under the laws of the State, and American nurses have begun to secure this legal protection. In opposition to this legal and honorable position, the men who have drafted these proposals purpose to make themselves the arbiters and dictators of the entire future of an enormous body of women whose views and wishes have not only not been asked, but have been studiously ignored.

A significant little straw, showing what wise and liberal heads have been exchanging ideas, is the following: We have already characterized the remark of a "leading surgeon" to the effect that nurses would, if registered, form a "*trade union*" as a mental bogey. The English articles have a clause forbidding any regulation which would make the association "*a trade union*."

This tells a tale without a doubt. And, as the inference is unjust and offensive to the labor man and member of his union, so is it doubly insulting to nurses, an inference twice illiberal, twice unfair, and altogether petty.

The English propositions are the worst. But behind the more alluring aspect of the American project lies the same spirit,—the world-old spirit,—the determination to rule and to predominate at the cost of others.

ITEMS

MISS GARRAN, the secretary of the Australasian Trained Nurses' Association, who has lately visited England, gave many interesting details of progress in Australia, which are given in full in the *British Journal of Nursing* for February 4. The association maintains a voluntary register of nurses trained in the colony, a system which, it is expected, will culminate in the registration of nurses by the State, as this subject is already receiving attention.

The hospitals, in order to gain the right of registration for their pupils, are required to show a certain standard of method and teaching. Although this is all voluntary, yet much good has been done by the example of the leading hospitals. Yet it must be noticed that, after all, the most effective tool in the hands of the association is, that a

government regulation has been secured, making it obligatory on the hospitals to appoint to the positions of matron *only such nurses* as stand on the Register of the Australasian Trained Nurses' Association—in other words, only highly trained and efficient women. As the hospitals are subsidized by the government, it is quite possible to enforce this rule, and the results are most wholesome. Here shows the power of the State. Miss Garren emphasized the fact that the weakest points of the Australasian Trained Nurses' Association's work so far lies in the impossibility of bringing schools of low standard under the control of a voluntary organization.

BERLIN has a Central Committee for combating tuberculosis by giving aid and instruction in the homes. Headquarters are in the Charité Hospital, and since the beginning of the work last September so many patients have presented themselves that eight nurses are kept busy in visiting them. Their work is in its details quite similar to that done in America. The nurses visit the homes and oversee all details of sleeping and living rooms, isolation of dishes, destruction of sputa, etc. When necessary, beds are provided, or, if the dwellings are unwholesome, assistance is given in paying rent elsewhere. Nourishment in needy cases is given, and, in general, a wise and intelligent befriending of the family. The patients are not medically attended by this society. This is the difference between its work and that of the dispensaries. As they all have their own physicians, it is of great importance that these should coöperate cordially with the work of the society, which is preëminently to assist recovery and to prevent further contagion through nursing and advice.

THE Provisional Committee of the National Council of Nurses of Great Britain has recently elected Miss G. A. Rogers, superintendent of the Leicester Infirmary, as chairman. Miss Rogers has had a long and honorable career as a nurse and head of a large training-school, and is greatly admired and beloved for her nobility of character and ever-advancing liberality of thought. She takes a part in all of the forward movements in nursing, both national and international.

The secretary of the council is Miss Eleanor C. Barton, also a woman of wide culture and liberal views.

Una, the organ of the Royal Victorian Trained Nurses' Association, formerly published quarterly, is now a monthly. It is an attractive and well-edited journal, and ought to have a circulation in America. It is published at 317 Collins Street, Melbourne.

THE Royal Infirmary of Edinburgh has two women on its Board of Management, Miss A. C. Imlach and Miss Louisa Stevenson. At a recent election both of these women were successful in a choice of six candidates out of nine.

THE Scottish hospital in Damascus is most interestingly described in *Blackwood's* for December, and the prettiest possible word pictures are given of the Arab patients.

A LEAGUE of the Nurses of Bethnal Green Infirmary has been formed through the initiative of Miss Dodds, the matron.



LETTERS TO THE EDITOR

[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: In reference to Mrs. Dita Kinney's article in the January number of THE AMERICAN JOURNAL on "Questionable Nursing Schools," I would ask, Why are physicians employing trained attendants for acute cases instead of graduates of reputable schools? I grant that the trained attendant has her place, but are they competent in acute and serious cases? Their training consists in theoretical instruction, covering a time from six to ten weeks, with oftentimes no practical experience until their first private case. Here in Orange they are daily encroaching upon the field for regular nursing. Our prominent physicians are employing them more and more frequently, for surgical, obstetrical, contagious, and similar acute cases. It behooves us who are still in the field of private nursing to organize and find out why such a state of things exists. Are our own school physicians loyal to us; and if so, why is not experience as valuable to a nurse who keeps herself abreast of the times and in health as to a physician or any other business man or woman? A number of physicians have said to me, "I do not care to employ an old graduate, because she knows too much, and the young graduate charges too much, and has too little experience." In talking with a physician's wife the other day—who, by the way, was an ex-nurse of seven-years' active experience—she cited two cases of wilful and brutal neglect on the part of a graduate nurse, though I have no knowledge myself of the details of such cases, and yet every little while graduate nurses are telling me of cases in which they have been called upon to come and undo the harm wrought by these very trained attendants by their lack of scientific knowledge. In nine cases out of ten the physician has recommended this untrained help. One trained attendant took a case I recommended her to, and told me she only took it for a rest to herself. One or two physicians whom I know employed her in surgical and other acute cases, for which she received twenty dollars a week. They preferred her to the average graduate, who, as a rule, was too extravagant and demanded too much of the family. The case I quote was one of paralysis, which had reached the stage when I thought a trained attendant would be competent to conduct the case satisfactorily.

I am an old graduate, and I find that the nurse's work in the sick-

room has increased largely in the last ten years, and that I cannot make myself so useful in general ways in the house because of the innumerable new preparations that the physicians now employ, and the doctors demand it of a graduate nurse. In my frequent contact with the trained attendant I find physicians expect less of them, therefore they are able to make themselves more useful outside of the sickroom, and for this they receive from fifteen to twenty-one dollars per week. As they carry little responsibility, they can remain longer at a case and go almost directly to another without the much needed rest which a graduate so often finds necessary to preserve perfect health. While the demand for trained attendants is as great as it is at present the call for quick, if not perfect, training will continue. I personally do not feel I would care to advise a young friend or relative of mine to enter a large training-school, where the demands on their health and brain are so great and the training continues so long without any remuneration, whereas a bright, intelligent young girl can acquire sufficient knowledge in a few weeks or months to make her a fair wage-earner at once. I do not approve of the conditions and am sure that the long, careful training gives best results to patient, physician, and nurse. But what are we to do if, when we leave the training-school, after three years of hard work and great self-sacrifice, we find our field filled by young women who have acquired a slight, superficial knowledge of our work by correspondence or otherwise? Our own school physicians recommend them as being "just as good as a graduate nurse, more obliging and cheaper," yet these same physicians have lectured to us and given us clinical instruction. Is their training deficient, or are the training-schools in fault? Do let us find out, and get at the root of this matter. I consider the "questionable school" only a "branch."

A GRADUATE OF THE ORANGE (N. J.) TRAINING-SCHOOL.

DEAR EDITOR: I would like to refer to the letter from your correspondent, L. J. P., in which she quotes a "prominent New England surgeon." Let us hope that his words were jocosely meant when he spoke of "labor unions." If not, I will not pretend to decide what he ought to know, but would like to say that I earnestly wish all nurses would try to gain a little rational and sympathetic (that means understanding) knowledge of labor unions. All students of social movements, such as Miss Jane Addams, for instance, agree that the labor union has been and is, in spite of imperfections and human frailties, one of the most potent and valuable agencies in the gradual uplifting of working populations. It is by no means only a means of raising

wages (though that is legitimate enough, for decent wages make the difference between man and slave), it is also a training in practical brotherhood, and with such results as the world does not see elsewhere to-day except in small groups of choice spirits.

We want to cultivate this feeling in our sisterhood. We want nurses to realize, as the union workingman does, that the concern of one is the concern of all. What helps one, helps all. What degrades one, degrades all. It is only necessary to recall how labor unions are regarded in Russia to know how to estimate them.

Let us beware of mental "spooks" or "bogeys." In Italy, in certain circles, one can hear it said that so-and-so is a "Free Mason," and one might really imagine that that meant devil with horns and tail, so abhorrent is the idea contained in those simple words. This current way of speaking of labor unions seems to me a similar "spook." Then about the wages: I can't bear to think of nurses as mercenary, yet I must smile over the news I had the other day of an acquaintance who spent a couple of months in the private hospital of a "prominent surgeon" at an expense of *nearly* ten thousand dollars! Two special nurses at twenty-five dollars a week make little difference in this sum.

Then about the hours: Where the nurses' unions are only in early stages private-duty hours are no worse here than at home, but hospital hours, arranged by medical directors and hospital superintendents, range anywhere from fifteen to eighteen, with two weeks' vacation in the year.

The notion that overwork is meritorious and desirable is another "spook."

I do sincerely hope that New England nurses (since they especially seem to be getting reactionary advice) will think twice before they are led out of their free, self-governing associations into difficulties and entanglements such as European nurses are straining every nerve to get away from.

L. L. DOCK.

DEAR EDITOR: I regret to say that I expressed myself in such a way that the Superintendent of the Army Nurse Corps misunderstood my real meaning. I did not in the least intend to reflect on the personality or character of the nurses employed to-day. Having myself been engaged in the work at Fortress Monroe during the Spanish-American War, and also in the Philippines, I spoke from my own experience.

Nursing any man, whether soldier or civilian, is not demoralizing. In the case of the army nurse in time of peace, it is her environment to which I refer.

As a rule, she who enters army work lays aside her ambition and accepts a small pecuniary return for the sake of the freedom it offers.

As compared with private duty it is very one-sided and does not tend to bring out her best qualities.

In military work she meets only one type of individual, whereas in civil work she comes in contact with many. In the army she has no social nor domestic life, both of which are so necessary to the highest development of her character as a woman.

These are the three points I had in mind when writing, and not any criticism of the present Army Nurse Corps.

LIDA G. STARR.

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



I. K. I. METHOD OF STERILIZING CATGUT.—F. W. Johnson in the *Boston Medical and Surgical Journal* advocates this method of sterilizing catgut. He declares that in every case in which the method has been criticised, it has been the fault of the user, and not that of the method. In the first place, clean, strong gut should be used. He uses gut that is almost white; it has no odor and is free from fat. Before sterilization, each strand should be thoroughly stretched. In the method he describes the gut should be wound on wide reels if possible, and too much gut must not be put on one reel, for the solution must find easy access to the deeper layers of gut. Before using, the gut should be swashed through sterile water, but not allowed to soak in it. The reel can then be placed on a sterile gauze pad, and after the operation dropped back into the common jar. The solution is: Iodine, one part; iodide of potassium, sufficient to saturate, and distilled water sufficient to make one hundred parts. Reels made of papier maché are found to give excellent results. The writer gives the advantages of this method as being the absolute certainty of a sterile gut, ease of preparation, healing by first intention, and an animal suture material that will not slip, and that will tie like silk. Large-sized gut is sterilized to its very centre. Gut sealed in tubes in the I. K. I. solution and kept out of the light will become friable in about three months. This gut should not be used in plastic work in the vagina, as to those tissues the iodine is irritating, and thus an excellent culture medium is made for micro-organisms.

EDITOR'S MISCELLANY

THE *Journal of Medicine and Science* is our authority for the following, printed in connection with the announcement of the meeting of the American Medical Association, July 11 to 14 inclusive:

"The railroad companies are lending assistance to the Lewis and Clarke fair project with an enthusiasm that has not characterized their attitude towards earlier expositions, and have provided lower rates from distant points than were ever before offered for a similar event. Under the schedule already made out, a person living in the Mississippi Valley may come to Portland and return for forty-five dollars. The rate for the round trip is fifty-two dollars and fifty cents from St. Louis and fifty-six dollars and fifty cents from Chicago, and one fare from points farther east. The tickets sold will be good for ninety days, and will provide almost unlimited stop-over privileges, thus making the chance to see the country as great an attraction to tourists as the exposition itself. Yellowstone Park may be visited at small expense, and it is expected that arrangements will be perfected whereby a person may go one way by one of the northern routes and the other by way of California. Up and down the Columbia the scenery is magnificent, and there are many places of historical interest well worth visiting. A large number of handsome and comfortable river steamers will make regular trips to these points during the exposition period, from June 1 to October 15."

PNEUMONIA CONTAGIOUS.—Although the doctors have not yet found a specific for pneumonia and acknowledge that in its treatment they are compelled to trust largely to nursing and nourishment, the bacillus of the disease is known, and the doctors have decided that it is a contagious disease. A New York physician asserts that out of one hundred persons it will be found that fully forty-five are carrying around, snugly stowed away in the nostrils and air-passages, thousands of pneumococci which are only waiting for a chance to catch their owner in a weakened or rundown condition to get in their deadly work.

The disease is communicable through the sputum, which dries and allows the germs to be carried about by every breeze that blows. For this reason the Board of Health of New York has caused it to be placed on the list of contagious diseases, of the same class as tuberculosis.

The precautions recommended to prevent its spread are the same as for the other disease—segregation, the avoidance of spitting on the street, the disinfection of articles used by the patient, and the fumigation of the room and all articles which have been close enough to become infected. As the percentage of deaths from pneumonia is greater than from diphtheria, typhoid, or scarlet fever, it may surely be classed as one of the most dangerous of the contagious diseases. The precautions should be commensurate with its deadly character. In this city, though not classed strictly as a contagious disease, it is listed as a reportable disease, which means that a physician who finds a case of pneumonia must report the same to the Health Officer, so that the latter can take such measures as may seem best to prevent the spread of the complaint and to protect the public.—*Medico-Chirurgical Journal.*

WOUNDS IN THE RUSSIAN ARMY.—*Medical Press*, February 8, 1905, remarks: As all surgeons who served in South Africa are aware, the experience in that war has made a revolution in the treatment of bullet-wounds. At the beginning of that war it was the custom to treat perforating wounds as if they were septic, and to operate in nearly every case; but a short experience showed that those cases did best which were left alone, and, on the whole, the mortality of bullet-wounds proved unexpectedly low. From a letter of Professor von Manteuffel, who was attached to General Kuropatkin's army, it will be found that a similar state of things is observed among the wounded Russians in the Far East. The Japanese use a bullet of unusually small bore, which produces wounds of but little gravity. Perforating wounds of the abdomen, thorax, and cranium in most instances heal readily, unless where immediately fatal. Indeed, the bullet very often has but little "stopping power." It was not uncommon to apply a bit of plaster to a perforating wound before and behind, and allow the wounded man to continue on duty. Officers, too, continued to command after suffering bullet wounds in the leg, abdomen, thorax, or neck. The lack of "stopping power" of the Japanese bullets is to be attributed not only to their small size, but to their extreme hardness, which prevents "spreading." Professor von Manteuffel mentions an interesting point with regard to shells in common use by the Japanese. They are filled with an explosive of such high power that when they explode they are reduced to fragments of mere powder, and are therefore comparatively harmless. In fact, the only injuries from such explosions are rupture of the tympanic membrane and irritation of the mucous membrane of the nose.—*The Virginia Medical Semi-Monthly.*

OFFICIAL REPORTS

IN CHARGE OF

MISS MARY E. THORNTON,

500 West One Hundred and Twenty-first Street, New York City



[Contributors are requested to write only on one side of the paper and to be careful to have names of people and places very plainly written and correctly spelled. When material can be type-written it is greatly appreciated by the editor.

Material for this department should be in the hands of Miss Thornton before the fifteenth of the month, and last items and very brief announcements must reach the Editor-in-Chief at Rochester not later than the twentieth of the month preceding the date of issue.—ED.]

THE ASSOCIATED ALUMNÆ

THE annual convention of the Nurses' Associated Alumnae of the United States will be held in the Assembly Room of the Shoreham Hotel, Washington, D. C., Wednesday, Thursday, and Friday, May 3, 4, and 5.

At half-past eight on Wednesday morning the books will be in readiness for the registration of delegates and permanent members.

"Affiliated associations with large membership may send delegates with power to vote by proxy, such delegates to bear credentials showing the number of votes to which their organization is entitled.

"Permanent members shall bring credentials from their organizations. They shall be entitled to attend all general sessions of the annual meeting and to participate in debate on professional and ethical subjects. They shall continue in these privileges so long as they remain in good standing in their organizations, and after attending three consecutive annual meetings they shall be entitled to vote, and shall be eligible for re-election as officers or delegates at any time.

"All nurses in good standing in affiliated organizations may attend all general sessions of this association, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission signed by the president of their organization."

To obviate the contingency of dues not reaching the delegate, especially in the cases of the delegate residing in a city other than that in which her alma mater is located, it would be well to send checks on to the treasurer in advance of the day of meeting.

"Any nursing organization which shall neglect to pay its annual dues" (ten cents per capita, checks to be made payable to Tamer E. Healy, treasurer) "for any year shall not be entitled to send delegates to the annual meeting of this association of that year.

"Any organization which shall fail to pay its dues for two successive years shall cease to belong to this association."

The chairman of the Committee of Arrangements, Miss G. M. Nevins, of the Garfield Memorial Hospital, Washington, gives on page 464 addresses of hotels and boarding-houses, and will be glad to give any additional information needed by delegates, as will the secretary.

Among the papers will be: "The Nurse in the Public Schools," presented by Miss L. L. Rogers, of the Nursing Settlement, New York; "The Nurse as

Inspector of Tenements," by Mrs. Johanna Von Wagner, of Yonkers; "The Visiting Nurse and the Prevention of Tuberculosis" is to be taken by Miss Reba Thelin, of the Johns Hopkins Alumnae; "The opportunity of the Nurse on Private Duty" is to be handled in three short papers by members of the Alumnae Associations of the New York, Presbyterian, and Bellevue Hospitals; "The Logical Outcome of the Foundation of State Societies," by Miss Annie Damer, vice-president of the Associated Alumnae, and it is hoped that a paper on "Army Nursing" will be furnished by a member of the Army Nursing Corps, who will write from the stand-point of her experience during the past few years.

"The Relation of Nursing to Social and Philanthropic Effort" will form an interesting basis for discussion, as well as "Club-Houses and Hostelries for Nurses" and "Examining Boards of Nurses and their Powers."

Advice as to proper method for obtaining reduced transportation will be mailed directly to the delegates and other members who intend going to Washington and will notify the secretary to that effect. This reduction will be in effect from Thursday, April 27, to Tuesday, May 9, inclusive.

MARY E. THORNTON, Secretary,

500 West One Hundred and Twenty-first Street, New York City.

ANNUAL MEETING OF THE SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS

THE convention of this society, which is to be held at the Shoreham Hotel, Washington, D. C., on Monday, Tuesday, and Wednesday, May 1, 2, and 3, promises to be an event of much interest and of a good deal of importance.

The meeting of the Superintendents' Society will be opened by prayer by the Rev. U. G. B. Pierce, of All Souls' Church, which will be followed by the address of the president and the usual routine work of the first day.

The programme, which was roughly outlined in the last number of the JOURNAL, contains papers upon subjects which are the constant thought of those now engaged in hospital or training-school administration. The rapid and radical changes which are taking place in the management and work of training-schools makes it doubly necessary that those occupied in such work should meet together for conference and comparison of methods. While at the present date all of the final details of the programme are not quite settled (and it is probable that certain changes may be made later), we are able to promise papers by the following representative members of the profession:

The subject of "Nurses' Homes and School Buildings" will be handled by Miss Mary Gilmour, superintendent of the New York City Hospital Training-School for Nurses. Miss Anna L. Alline, instructor in Hospital Economics at Teachers College, Columbia University, will take up the subject of "Scholarships, Loan Funds, and Tuition Fees," while "The Introduction of Salaried Instruction into Training-Schools" will be handled by Miss Annie Goodrich, superintendent of the New York Hospital Training-School. Miss Mary Samuel, superintendent of nurses, Roosevelt Hospital, has promised a paper on "Economy in Hospital Work." "The Present Status of Educational Methods" will be taken care of by Miss M. M. Riddle, and "The Introduction of District Nursing as a part of the Training-School Curriculum" will be presented by Miss Mary L. Keith, of the Rochester City Hospital. The paper on "The Results of Establishing a Preparatory Course for Nurses" will be given by Miss Nutting.

Wednesday is to be Federation Day, and for the first time since the two societies have been united under this title they will meet together and outline some plan for future organization and government.

The meeting on Federation Day will be opened by the Rev. Wallace D. Radcliff, D.D., of the New York Avenue Presbyterian Church, and while we are not able to make definite announcements at present, it is hoped there will be one or two other short addresses of uncommon interest to those present.

Very important papers are promised for that day, which is to be "the day," probably, of the entire week. "International Relationships" will be taken up by Miss L. L. Dock. Miss Sophia F. Palmer presents "The Effect of Registration upon Training-Schools," and we are fortunate in being able to promise a paper on "The Affiliation of Schools for Educational Purposes," by Mrs. Hunter Robb. Other matters will come up on that day which are not yet in form to present.

At the urgent request of members of the society the number of entertainments will be greatly limited in order that the members may have time to give their best attention to the work which brings them to Washington. This will probably be very gratifying to the members of the society who desire to have such time as is at their disposal between sessions free to visit the many beautiful and interesting things in our Capital City.

The meetings of the convention will be held at the Shoreham Hotel, which is also the head-quarters of the society. The rates for this and a number of other hotels are published below, and members are again urged to secure accommodation early in view of the large number of conventions to be held in Washington about this time.

Special railway rates may be obtained, and the secretary of the Associated Alumnae, Miss M. E. Thornton, 500 West One Hundred and Twenty-first Street, New York City, has kindly undertaken to transact this business for both societies. A list of the members of the Superintendents' Society has been furnished her for the purpose of enabling her to communicate with those desiring to attend.

A special notice will be sent to the members of the council as to the date and hour of its final meeting before the convention.

M. A. NUTTING, Secretary.

LIST OF HOTELS AND BOARDING-PLACES IN WASHINGTON.

The Shoreham, Fifteenth and H Streets, N. W., American plan, \$4; European plan, \$2.

The Arlington, I Street and Vermont Avenue, American plan, \$5; European plan, \$2.50.

The Oxford, Fourteenth Street and New York Avenue, American plan, \$2.50; European plan, \$1; if two in a room, 75 cents.

The Colonial, Fifteenth and H Streets, American plan, \$2.50; European plan, \$1. The Richmond, Seventeenth and H Streets, American plan, \$3.50; if two in a room, \$3.

The Grafton, Connecticut Avenue, American plan, \$3.50.

The Metropolitan, Pennsylvania Avenue, American plan, \$2.50; European plan, \$1 to \$3.

La Fetras, Eleventh and G Streets, American plan, \$1.50 to \$2; European plan, \$1, or \$6 per week.

The Hamilton, Fourteenth and K Streets, American plan, \$2, \$2.50, \$3.

The Cutter, 1005 to 1007 Thirteenth Street, N. W., American plan, \$2.

The New Willard, Fourteenth Street and Pennsylvania Avenue, American plan, \$2.50.

The Normandie 1405 I Street, N. W.

The Cochran, Fourteenth and K. Streets.

Mrs. Carrie J. Hellen, 1336 I Street, N. W., will have five rooms (can accommodate ten) at \$2 per day or \$10 per week, board included.

G. M. NEVINS,

Garfield Memorial Hospital, Washington, D. C.

THE INDIANA BILL FOR THE STATE REGISTRATION OF NURSES

THE Barron House Bill, No. 15, signed by Governor Hanley, February 27, 1905:

"A BILL for an act requiring the registration of all trained nurses, providing a Board of Registration and Examination, fixing the number, duties, and qualifications of said board, and providing for the registration of nurses, providing penalties for violation of said act,

"SECTION 1. *Be it enacted by the General Assembly of the State of Indiana,* That upon the taking effect of this act the Governor shall appoint, within sixty days, a State Board of Registration and Examination of Nurses, to be composed of five members who have not had less than five-years' experience in their profession, exclusive of their training, and who shall not be connected with any hospital. One of these members shall be designated by the Governor to hold office for one year, two for two years, and two for three years, and thereafter, upon the expiration of the term of office of the person or persons so appointed the Governor shall appoint successors to such person or persons to hold office for three years. All vacancies occurring on this board shall be filled by the Governor from persons qualified as above stated.

"SEC. 2. The members of the said State Board of Registration and Examination shall meet in the City of Indianapolis as soon as organized, and annually thereafter in the month of July shall elect from their members a president and also a secretary, who shall be the treasurer. Three members shall constitute a quorum, and special meetings of the board shall be called by the secretary upon the written request of any two members. The State Board of Registration and Examination is authorized to frame such by-laws as may be necessary to govern its actions. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses duly registered under this act; said register shall, at all reasonable times, be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expense on this behalf. The said by-laws shall provide the subjects upon which applicants shall be examined. The secretary shall receive a salary to be fixed by the board not to exceed five hundred (\$500) dollars per annum, also travelling and other expenses incurred in the discharge of their official duties. The other members of the board shall receive five (\$5) dollars per day for each day actually engaged at the meetings of the board, and legitimate and necessary expense. Said expense and salary shall be paid from fees received by the board under the provisions of this act, and no part of salaries or other expenses of the board shall be paid out of the State Treasury.

"SEC. 3. The clerk of the Circuit Court of any county, upon presentation to him of a certificate from the State Board of Registration and Examination, shall register the date of registration, with the name, residence, and address of the holder thereof, in a book to be kept in his office for this purpose, and marked "Register of Trained Nurses," and shall issue to the applicant a certificate of such registration under the seal of the Circuit Court of the county, for which registration he shall be paid fifty cents by the applicant.

"SEC. 4. That after June 1, 1908, it shall be the duty of said Board of Registration and Examination to meet not less frequently than once a year. Notice of each meeting shall be given in one daily newspaper and in one nursing or medical journal published within the State of Indiana thirty days prior to said

meeting. At these meetings it shall be the duty of said Board of Registration and Examination to examine the diplomas and credentials of all applicants for registration under this act. Said board shall also examine such applicants on the branches usually taught in the training-schools for nurses to determine their fitness and ability to give efficient care to the sick. The said board shall require of each applicant for examination and registration a fee of ten (\$10) dollars, to be paid upon application.

" SEC. 5. That after June 1, 1908, the applicant shall furnish satisfactory evidence that he or she is twenty-one years of age, of good moral character, has received the equivalent of a High-School education, and has been graduated from a training-school for nurses connected with a general hospital approved by the board, where a systematic course of two-years' instruction is given.

" SEC. 6. Any resident of the State of Indiana, being over the age of twenty-one years, of good moral character, holding a diploma from a training-school for nurses connected with a general hospital giving a course of at least two-years' training or having had seven-years' experience, three of which shall have been spent in a general or special hospital and engaged in professional nursing at the date of or prior to the passage of this act, shall be entitled to registration without examination, provided such application be made before January 1, 1906. All nurses in training at the time of the passage of this act and possessing the above qualifications shall be entitled to registration without examination, provided application is made before June 1, 1908. Graduates of training-schools in connection with special hospitals giving a two-years' course who shall obtain six-months' additional training in a general hospital approved by the State Board of Registration and Examination shall be eligible for registration without examination before June 1, 1908; or said graduates shall be eligible for registration prior to said date who have nursed five years prior to the passage of this act; or upon passing of special examination before the State Board of Registration and Examination in subjects not adequately taught in the training-school from which they have been graduated.

" The by-laws shall provide for the examination and qualification of nurses who make application before January 1, 1906, who have not graduated from a training-school, and who have been engaged in nursing ten years, and who are otherwise eligible, and who shall present required credentials from physicians for whom they have nursed.

" All applicants under this section shall pay to the said board the sum of five (\$5.00) dollars at the time of making application.

" SEC. 7. The State Board of Registration and Examination shall have power, after thirty-days' notice, upon written charge being preferred and the time and place of meeting being fixed, and after full and free hearing of the same by a majority vote of the entire board, to revoke any license issued by said board for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession of nursing. Upon the revocation of the license or certificate the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the secretary of the board and notice sent of same to the clerk of the Circuit Court of the county in which he or she resides, and there shall be no appeal therefrom.

" SEC. 8. Every person who shall have duly received a license and certificate in accordance with the provisions of this act shall be known and styled a 'registered nurse,' and it shall be unlawful after one year from the passage of this act for any person to practise or advertise as or assume the title of trained nurse or graduate nurse or to use the abbreviations of 'T.N.' or 'G.N.' or any other words, letters, or figures to indicate that the person using the same is a trained, registered, or graduate nurse, unless he or she shall have first received a license and certificate in accordance with the provisions of this act.

" SEC. 9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and, also, it shall not apply to any person nursing the sick for hire who does not in any way assume to be a registered or graduate nurse.

" SEC. 10. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, punishable by a fine of not less than twenty-five (\$25) dollars and not more than fifty (\$50) dollars for the first offence, and not less

than fifty (\$50) dollars and not more than one hundred (\$100) dollars for each subsequent offence."

THE PORTLAND CONFERENCE

THE Visiting Nurses' Committee of the Conference of Charities is anxious to reach all nurses in the country who are interested in this branch of their profession. We will be very grateful to anyone who will assist us by sending the name of any association for district work or of any individuals engaged in nursing among the poor in either city or country. Any unique or interesting features we shall be especially glad to hear about.

Information is desired on the following points: Name of city or town, State, name of association, how long established, is it affiliated with a church, charity organization, or other agent? number of nurses, previous training required, hospital experience, district experience, hours of duty, kind of cases cared for—surgical, medical, obstetrical, contagious, tubercular.

The following extract from *Charities* will be of interest to those who are planning to attend the conference:

"The Great Lakes, the Yellowstone Park, and British Columbia on the one hand, and California and the Southern Rockies on the other, all as feasible side-trips going or coming, and rates made low on account of the holding of the Lewis and Clarke Exposition in Portland, are potent inducements.

"The Western Passenger Association has granted a round trip fare from Missouri River points and from St. Paul of forty-five dollars. The fare of points within the Central Passenger Association territory is fifty-six dollars and fifty cents from Chicago, fifty-two dollars and fifty cents from St. Louis. The Eastern Trunk Line Committee has granted rates making the round trip from New York eighty-eight dollars and fifty cents, Philadelphia eighty-five dollars and seventy cents, Baltimore and Washington eighty-three dollars and seventy cents. These tickets will be sold July 5, 6, and 7, and July 10, 11, and 12."

Kindly address information to

MISS JANE ELIZABETH HITCHCOCK, Chairman,
265 Henry Street, New York City.

THE REPORT OF THE INTERNATIONAL COUNCIL OF NURSES

THE Report of the International Council of Nurses at Berlin is now printed in pamphlet form and may be had from the office of the council, 431 Oxford Street, W., London, for twenty-five cents. As it is very inconvenient to transfer small sums from one currency into another, there will be an opportunity given at the annual meetings in Washington for orders to be given, with cash, for the Report, which will then be sent as ordered.

L. L. DOCK, Secretary.

NEW YORK STATE ANNUAL MEETING

THE annual meeting of the New York State Nurses' Association will be held on Tuesday, April 18, in the rooms of the Board of Supervisors, City Hall, corner of Eagle Street and Maiden Lane, Albany, N. Y. Morning session at nine-thirty A.M.; afternoon, two P.M.

An interesting programme is promised for the afternoon, when it is expected that Dr. Andrew Draper will address the assembled nurses, speaking on "Woman's Education," Miss Banfield to follow with a paper on the "Hospital Economics Course," and Miss Young to succeed her with some remarks on the "Student's Point of View and Experience of the Hospital Economics Course."

HOSPITAL ECONOMICS

THE contributions for the month of February, 1905, are:

Miss Florence Fraser	\$11.00
Miss Johanna Nelson	5.00
Miss Ellen Smith	5.00
Miss Annie R. Young	10.00
Massachusetts General Hospital Graduate (through Miss Dolliver)	10.00
Miss Frances A. Chandler (through Miss Dolliver)	5.00
Miss Annabella McCrea (through Miss Dolliver)	5.00
Miss Helen Balcom (through Miss Dolliver)	2.00
Endowment Fund:	
Miss M. Torrents (through Miss Wheeler)	3.80
Miss L. Beckenbaugh (through Miss Wheeler)	3.00
(through Miss Wheeler)	3.20
Alumnae Association Maryland General Hospital	10.00
Miss Snyder, Bellevue Graduate	4.00
Through Miss Balcom, Lelia E. Jackson	3.00
Rochester Homeopathic Hospital Alumnae Association,	
Miss Hooper	1.50
Rochester Homeopathic Hospital Alumnae Association,	
Miss Parker	3.00
Miss Clara W. Dyeing, California State Nurses' Associa-	
tion	3.50
Miss Katharine A. Estep	5.00
Miss Florence A. Marks	3.50
Miss Maud McKenzie	5.00
A Friend	2.00
A Well Wisher	10.00

Respectfully submitted,

ANNA L. ALLINE.

REPORT OF CLASS IN HOSPITAL ECONOMICS FOR FEBRUARY, 1905

WE have had lectures from both Miss Goodrich and Mrs. Robb during the last month, and have gained some eminently useful and practical ideas on hospital construction and in the management of a training-school. Our lectures keep us in an Oliver Twist frame of mind, all the time wishing for more.

Our visit to Sloane Maternity hardly seemed like a visit to a hospital, the patients all looked so healthy and happy, especially the babies. It was a pleasure to see such a fine, lusty lot of them. Even the "kubator" babies looked perfectly placid and resigned.

Miss Maxwell invited the class down to visit the new Florence Nightingale Hall. It was a revelation in the way of comfort and beauty, and made us wish that all training-schools might be able to house their nurses as well.

While there we had the pleasure of meeting Miss Eugénie Hibbard, who told us something of her interesting work in Panama. Think of a hospital built all the way up a hill, and when you get to the top of looking out upon the Atlantic Ocean on one side, and the Pacific on the other. Panama must be a truly interesting place.

We must not forget to mention that grand opera has also been a part of

our educational experience for the last three months. The memory of that wonderful music will always be with us.

GRACE G. WATSON.

APPOINTMENTS

THE Governor of Maryland has appointed Miss G. C. Ross, of the Johns Hopkins Hospital, as inspector of training-schools. Miss Ross has made her first round of inspection of the training-schools in the State.

Governor Montague, of Virginia, has appointed Miss Nannie H. Laird, of Lexington, Va. (graduate of Garfield Memorial), and Miss O. C. Johnson, Danville, Va. (graduate of Danville General Hospital), to fill vacancies on the State Board of Nurses' Examiners, one for the unexpired term of Miss Margaret Watkins, resigned; the other to succeed Mrs. William A. Glasgow (née Macara), Johns Hopkins Alumnae, Class of 1895, not eligible for reëlection on account of her removal to Philadelphia.

INDIANA STATE MEETING

THE semi-annual meeting of the Indiana State Nurses' Association will convene at Fort Wayne on April 20 and 21. It is hoped that all nurses in the State will make a special effort to attend.

A very interesting programme is being prepared, and among other reports will be that of the Legislative Committee, who were so successful with the bill just passed in this State.

STATE MEETINGS

THE MICHIGAN STATE NURSES' ASSOCIATION.—The first annual meeting of the Michigan State Nurses' Association was held in Grand Rapids, Mich., March 1 and 2. The president, Mrs. L. E. Gretter, occupied the chair. After the usual opening exercises, followed by an address of welcome from Hon. Edwin F. Sweet and suitably responded to by Miss E. L. Parker, of Lansing, the president in a few well-chosen words pointed out the work accomplished during the year, the ideals to be worked for, and the evils to be avoided by the members of the association. The reports from the officers and chairmen of standing committees were presented and accepted. Miss Isabel McIsaac gave a clear, comprehensive, and well-thought-out address on "State Registration," including in her remarks many practical suggestions as to the construction of the bill to be presented to the Legislature, the mistakes to be avoided, and the legitimate means to be used in securing its passage. Mrs. Chambers, of Detroit, gave a very concise résumé of what had been accomplished along this line in other States. These two addresses made an excellent introduction for the reading of the proposed bill which followed. The discussion of the bill was spirited and to the point. Some amendments were made and some points added. When these changes have been duly made the bill will pass into the hands of the Legislative Committee for presentation to the Legislature. The paper on "The Course in Hospital Economics," Teachers College, Columbia University, by Miss M. E. Smith, of Detroit, aroused a practical interest, which found expression in many making a personal contribution towards the endowment fund for a chair for that course. In committee it was decided to reach the individuals by means of the following letter of instruction, which explains itself:

"DEAR MADAM: To further facilitate the raising of a fund towards the endowment of a chair in Hospital Economics at Teachers College, Columbia Uni-

versity, the Michigan State Nurses' Association have decided upon a systematic plan for concerted action whereby each individual may be given the opportunity to do his or her share in the matter. The total amount required of the graduate nurses of the United States is fifty thousand dollars. The amount per individual asked for is three dollars (a greater or less amount will be gratefully acknowledged).

"(1) If you belong to a nurses' club or alumnae association, you are asked to make an organized effort for this purpose.

"(2) If you do not, you are asked to make your personal contribution towards it.

"(3) Whether you belong to an organization or are simply an individual worker, you are asked to try to get the support of all graduate nurses who are not identified with any association.

"(4) All money raised for this purpose shall be sent to the treasurer of the Michigan State Nurses' Association, Miss M. C. Fletcher, Grand Rapids.

"(5) Kindly send money either by registered letter, post-office money order, or New York draft with the enclosed form properly filled out:

"(6) Form of Michigan State Nurses' Association contribution to Endowment Fund for the Course in Hospital Economics, Teachers College, Columbia University: (1) Name of sender; (2) address of same; (3) total amount sent; (4) form in which sent (registered letter, post-office money order, or New York draft); (5) kindly send the amount to Miss Fletcher, treasurer, not later than April 15, 1905, so that we may make a good report at the annual meeting of the Associated Alumnae to be held in Washington the first week in May; (6) kindly make out and keep a duplicate copy of this form as filled out and signed by the sender.

"Signed _____,

"This individual effort will make the concerted action that will assure success.

"This is your opportunity of contributing towards the permanent establishment of means that will assure higher standards and more uniform methods in our profession. Very sincerely,

"MARY E. SMITH,

"Chairman Ways and Means Committee.

"Approved: SARAH E. SLY, President."

Miss Coleman, of Saginaw, gave a most intelligent account of all the organized efforts that have been made in this country against the "White Plague," as well as pointed out the very important rôle nurses must take in battling against this terrible scourge. This article was comprehensive in stating present conditions and very practical in the suggestions offered. The election of officers resulted as follows: President, Miss S. E. Sly, Detroit; first vice-president, Miss I. M. Barrett, Grand Rapids; second vice-president, Mrs. L. E. Gretter, Detroit; treasurer, Miss M. C. Fletcher, Grand Rapids; corresponding secretary, Miss K. M. Gifford, Grand Rapids; recording secretary, Miss A. G. Deans, Detroit; chairmen of standing committees: Ways and Means, Miss M. E. Smith, Detroit; Nominating, Miss A. M. Coleman, Saginaw; Credentials, Mrs. L. J. Lupinski, Grand Rapids; Arrangements, Miss I. M. Tracey, Ann Arbor; Printing, Miss M. M. Moore, Jackson; Legislative, Miss E. L. Parker, Lansing. Two social events relieved the hard work of the business sessions: On Wednesday evening the Graduate Nurses' Association of Grand Rapids held a reception in the parlors of the Portland Hotel for the delegates and visitors, who thoroughly enjoyed and appreciated all the kindness shown them. On Thursday the Executive Board were entertained at an elaborate luncheon given by the Executive Board of the Graduate Nurses' Association of Grand Rapids. Covers were laid for twenty-four and it proved to be a most enjoyable event. Mrs. Lupinski and her associates were most untiring in their efforts to give every one a cordial welcome, and all felt that to them they owed a special debt of gratitude for their many kindnesses.

throughout the whole meeting. The association has a membership of two hundred and forty and will hold its next annual meeting in Ann Arbor.

SARAH E. SLY, President.

VIRGINIA.—The meeting for the annual election of officers of the Graduate Nurses's Examining Board of Virginia was held January 25, 1905, at 7 Waverley Boulevard, Portsmouth, Va. The following members were present: Misses Laird, Cabaniss, Winne, and Mrs. L. de Lancey Hanger. After the regular routine was concluded the officers for the year were elected: President, Miss Cabaniss; secretary and treasurer, L. de Lancey Hanger. Of the ten nurses examined in Richmond nine were successful. One nurse was unable to attend the examinations, as she was quarantined with a scarlet-fever case, and it was decided that a committee of the board give her a special examination. The subject of inspectors for the training-schools of hospitals was discussed, and it was agreed that Virginia be divided into sections and each member of the board would visit different schools. Papers with questions concerning all matters relative to the course given by the training-schools were drawn up and prepared in order that a definite idea of the work done by each school could be obtained by the inspectors. The medical staffs of several hospitals are giving a more extensive lecture course and the hospitals are providing instruction in dietetics, etc., as required. Two cases of discharged pupils masquerading as graduate nurses was reported to the board for investigation. The next meeting of the board will be in June, 1905, and at this time the semi-annual exams will be given.

NEW YORK.—The following training-schools have been registered with the Regents since October 1, 1904:

Hospital for Children and Training-School for Nurses, San Francisco, Cal.

Berlin and Waterloo Hospital Training-School, Berlin, Ontario.

Montreal General Hospital Training-School for Nurses, Montreal, Quebec.

The Lady Stanley Institute for Trained Nurses, the General Protestant Hospital, Ottawa, Ont.

Bridgeport Hospital Training-School for Nurses, Bridgeport, Conn.

Grace Hospital Training-School, New Haven, Conn.

Hampden Homeopathic Hospital Training-School for Nurses, Springfield, Mass.

The Holyoke City Hospital Training-School for Nurses, Holyoke, Mass.

Newton Hospital Training-School for Nurses, Newton, Mass.

Battle Creek Sanitarium Training-School for Nurses, Battle Creek, Mich.

Training-School of St. Luke's Hospital of St. Paul, Minn.

St. Joseph's Hospital Training-School for Nurses, Paterson, N. J.

Paterson General Hospital Training-School for Nurses, Paterson, N. J.

Buffalo Homeopathic Hospital Training-School for Nurses, Buffalo.

Buffalo Hospital Sisters of Charity Training-School for Nurses, Buffalo.

Training-School of (Flower Hospital) New York Homeopathic Medical School and Hospital, New York.

New York State School for Training Nurses, the Prospect Heights.

St. Lawrence State Hospital Training-School, Ogdensburg, N. Y.

St. Luke's Training-School, St. Luke's Hospital, Newburgh, N. Y.

Soules Hospital and Training-School for Nurses, Westfield, N. Y.

Training-School for Nurses of the House of the Good Samaritan, Watertown City Hospital, Watertown, N. Y.

St. Joseph's Hospital Training-School for Nurses, Philadelphia, Pa.

LOUISIANA.—The annual meeting of the Louisiana State Nurses' Association was held on February 23. Some very interesting papers were read and the annual election of officers resulted in naming the following for the ensuing year: President, Miss C. Fromberry, graduate Touro Infirmary; first vice-president, Mrs. L. Bomar, graduate New Orleans Sanitorium; second vice-president, Miss E. Bridges, graduate Touro Infirmary; secretary, Miss P. Comford, graduate New Orleans Charity Hospital; treasurer, Miss K. Dent, graduate New Orleans Sanitarium; three-year trustee, Miss Mary Jackson, Shreveport Sanitarium; trustee (to fill vacancy by resignation), Miss F. M. Quaife, superintendent Touro Infirmary. It was also voted to make THE AMERICAN JOURNAL OF NURSING the official organ for this association. Thirteen new members were elected. The association has gained much in real strength in the past year and both nurses and laymen seem to be arousing to the need and advantages of legislation. The association is conducting a course of post-graduate lectures by prominent physicians for the winter season. A reception in the evening after the meeting was thoroughly enjoyed by many nurses. Legislation is our goal, but the prospects of constitutional amendment and a political upheaval are not brilliant for the present.

REGULAR MEETINGS

DETROIT, MICH.—The regular meeting of the Farrand Training-School Alumnae Association, Harper Hospital, Detroit, Mich., was held in the Swain Home, Harper Hospital, on Tuesday, March 7. After the regular business of the meeting was carried out a paper on "Dormitory Life," written by S. E. Tracy, a student in Columbia University Hospital Economics Course, was read and created much interest. This paper is the second in a series of three which have been prepared for reading before this association by the students in Columbia College. The association also appointed their delegates to attend the meeting of the Nurses' Associated Alumnae of the United States at Washington in May. About ten members of this association attended the meeting of the State Graduate Nurses' Association in Grand Rapids on March 1 and 2. Mrs. Gretter gave an informal report of the work done there, and especially of the interest taken by that society in the raising of money for the Hospital Economics endowment fund.

SALT LAKE CITY, UTAH.—The graduates of St. Mark's Training-School, Salt Lake City, organized an Alumnae Association on March 1, 1905, with a charter membership of eighteen nurses—ten associate and eight honorary members. To establish a sick fund and to endow a bed in the hospital for sick nurses are among the objects. The officers elected were: President, Miss Leila H. Hart; honorary president, Mrs. N. F. Crossland, the superintendent of the Training-School; first vice-president, Miss Laura Willis; second vice-president, Miss Daisy Harroun; secretary, Miss Katharine L. Eager; treasurer, Rev. G. C. Hunting, superintendent of St. Mark's Hospital; secretary-treasurer, Miss Alice M. Slavan.

SAVANNAH, GA.—The Graduate Nurses' Association of Savannah has been organized recently for the purpose of maintaining a directory and eventually to secure State registration in Georgia. The officers elected for the first year are: President, Miss G. L. Anderson, University of Maryland Hospital, Baltimore, Md.; vice-president, Miss M. B. Wilson, Jewish Hospital, Cincinnati, O.; treas-

urer, Miss M. Banzhof, Blockley, Philadelphia, Pa.; secretary, Miss S. H. Myers, New York Post-Graduate Hospital, New York, N. Y.; directors—Miss S. S. Dougherty, University of Maryland, Baltimore, Md.; Miss M. A. Owens, New Haven Hospital, New Haven, Conn.; Miss E. Winbush, Royal Infirmary, Hull, England.

COUNTY OF KINGS.—The annual meeting of the Graduate Nurses' Association of the County of Kings, Brooklyn, was held at the Kings County Medical Building, 1313 Bedford Avenue, on March 2, at three-thirty P.M. The societies of the county were well represented. A number of new members were admitted. The usual reports being read, attention was given to the revision of the constitution and by-laws to meet the requirements made necessary by the registration of nurses. The proposed amendments were carried with one exception. The officers for the year being elected, the meeting adjourned until the first Thursday in October.

CLEVELAND, O.—The Nurses' Alumnae of the Cleveland General Hospital were very pleasantly entertained on Thursday afternoon, March 2, by Dr. Lillian Towslee at her home, East Prospect Street. A short business meeting was held and Miss E. M. Smythe, superintendent of the hospital, gave an account of the bed endowed by the nurses and the good work that had been done by it. Dr. Towslee gave a very interesting talk on the menopause, and Miss Millie Smythe gave several pleasing recitations.

BUFFALO.—The regular meeting of the Homœopathic Alumnae was held at 314 Potomac Avenue on March 14, Miss M. L. Drake, president, in the chair. Six new members were voted in and eleven names were proposed for membership. Several guests were present. After the business meeting there followed a social programme consisting of charades and refreshments. The hostesses for the afternoon were Mrs. William Paddock, Miss Macpherson, and Miss Jessie Robinson.

DETROIT.—At the meeting of the Detroit Graduate Nurses' Association, held January 25, 1905, the name of the association was changed to the Wayne County Graduate Nurses' Association. It was decided to adopt the plan proposed by Miss Palmer for raising money for the Endowment Fund of the Hospital Economics Course at Columbia College.

PUNXSUTAWNY, PA.—The graduates of the Adrian Hospital were called together January 31, 1905, with the object of organizing an alumnae association. The following officers were elected: President, Miss Hutchison; vice-president, Miss Laughlin; treasurer, Miss Bright; secretary, Miss Davis; corresponding secretary, Mrs. Stevenson.

SCRANTON, PA.—The Alumnae Association of the State Hospital held its regular monthly meeting on Thursday, February 16, 1905, at eight P.M., nine members present. A Visiting Committee was appointed to look after sick members and a fund started for said purpose.

NEW YORK.—At the meeting of the New York City Alumnae on March 14 Miss Louise Kurr gave some of her original monologues, which were greatly appreciated.

BIRTHS

IN January, a son to Dr. and Mrs. Frank Worthington Lynch, of Chicago. Dr. Lynch was for some years on the staff of the Johns Hopkins Hospital, and Mrs. Lynch was Miss Higginson, Class of 1903.

ON January 14, a daughter to Dr. and Mrs. Griffith, of Trenton, N. J. Mrs. Griffith was Miss Corwin, Johns Hopkins, Class of 1899.

MARRIAGES

AT Chicago, February 21, 1905, Dr. Joel Webster Fithian to Miss Lena Luda Konkle, late of the Army Nurse Corps, and chief nurse at the United States General Hospital, Fort Bayard, N. M. Dr. and Mrs. Fithian will be at home after March 1 at 608 Broadway, Camden, N. J.

AT Emmanuel Church, Cleveland, O., February 11, Elizabeth Mary Louise Hirschberg, graduate of 1897, Farrand Training-School, Detroit, Mich., to Mr. Allison John Thompson. Mr. and Mrs. Thompson will reside at The Hayward, Cleveland, O.

AT the family residence, Richmond Hill, on February 9, 1905, Mary Graham Duncan to Arthur George Holland, of Bowmanville. Miss Duncan graduated from Toronto General in 1901.

OBITUARY

THE Committee on Resolutions appointed at the February meeting of the Nurses' Alumnae Association of the Maine General Hospital submit the following resolutions:

"WHEREAS, It has pleased God to remove from our midst Lucretia B. Matthews, the esteemed vice-president of our association. Therefore be it

"Resolved, That we, the members of the association, deeply regret the death of our friend, for many years a faithful worker in the nursing profession.

"Resolved, That a copy of these resolutions be sent, with our deep sympathy, to her family; also, that a copy be recorded in the records of the association, and one sent to THE AMERICAN JOURNAL OF NURSING.

"LILLIAN BROWN,
"EVELYN OSGOOD,
"MARIA L. IRISH.

"March 12, 1905."

SUDDENLY, at Mount Dora, Fla., on March 2, Jessie McLaren, graduate of the Toronto General Training-School, Class of 1887. Burial was at Mount Forest, Canada. Miss McLaren was buried in her uniform.

AT Port Perry, Ont., on January 4, Margaret Campbell, graduate of the Toronto General, Class of 1895.

ON December 29, 1904, the infant son of Dr. and Mrs. Guy Steele, of Cambridge, Md.

HOSPITAL AND TRAINING-SCHOOL ITEMS

HOSPITALS

THE new wing of the Woodstock Hospital, Ont., was opened on February 14 with appropriate ceremonies. The new wing, which doubles the capacity of the hospital, has been erected at a cost of sixteen thousand dollars, to which the City, County, and Township Councils as well as individual citizens have contributed. The surgical ward has been fitted up by Mr. John D. Patterson, of this city, and is as complete as that in any hospital on the continent. A ward has been furnished by Miss S. S. Patterson in memory of her brother, the late Alfred Patterson, and another by Mr. John Whicher, of Caledonia, to be known as the Lillian Whicher ward, after his daughter. During the afternoon it was announced that Mr. Chester D. Massey, of Toronto, had subscribed one thousand dollars to the building fund. The members of the Ladies' Auxiliary to the hospital, who have been very active in connection with the enterprise, served refreshments at the close of the proceedings. The hospital has been in existence since 1895, and since that time its usefulness to the city and district has become each year more generally recognized. Under its present efficient superintendent, Miss Frances Sharpe, its work has been brought to a high state of efficiency. Among the guests were Miss M. A. Snively, of the Toronto General Training-School; Miss Brent, of the Children's Hospital; Miss Patten, of Grace Hospital, all of Toronto, and Miss Chillman, of the Stratford Hospital.

THERE has been formed in Baltimore a "Maryland Association for the Prevention and Relief of Tuberculosis," having a council of fifty for its executive body. Physicians and prominent men compose the society, and the council includes two nurses, Miss Nutting, superintendent of nurses of the Johns Hopkins Hospital, and Miss Reba Thelin, who was the first visiting nurse of the Tuberculosis Dispensary of the hospital. The Hopkins Nurses' Alumnae Association has joined this new society as a body, but it is hoped that many nurses will join as individual members. A plan of work and course of lectures have been arranged, the lecturers being men prominently identified in Baltimore and other cities with the crusade against tuberculosis.

THE Tuberculosis Dispensary of the Johns Hopkins Hospital, the gift of Mr. Henry Phipps, of Pittsburgh, was formally opened on February 21. On this occasion the use and value of a visiting nurse working in connection with the Tuberculosis Dispensary received most gratifying recognition from Mr. Victor G. Bloede, of Catonsville, Md., president of the Bloede Chemical Company. Mr. Bloede has offered to maintain a nurse for this work for one year, with a view to putting it on a permanent basis later. Miss Esther Spicer, a recent Hopkins graduate, has been appointed for the work in place of Miss Reba Thelin, Class of 1903, who has for one year carried it on with signal success.

ACCORDING to Baltimore and Virginia papers, Hagerstown, Md., is soon to have a hospital; Cambridge, Md., it to have a private hospital in addition to the one already in use, and Manassas, Va., is to have a sanatorium.

BALTIMORE is at last to have its long-discussed Hospital for Contagious Diseases. It was necessary to abandon the plan of having this hospital in the city or a suburb, and it will be erected near the Bay View Asylum, a short distance out of Baltimore on the Pennsylvania Railroad.

MR. and MRS. James Sibley Watson have given five thousand dollars for the endowment of a bed in the Homœopathic Hospital, Rochester, N. Y., in memory of James G. Averill.

TRAINING-SCHOOL NOTES

THROUGH a benevolent private gift, a resident nurse has been established in the little town of Leesburg, Loudoun County, Va., for private and visiting nursing. One of the graduates of the Old Dominion Hospital, Richmond, has undertaken the work, and as Leesburg is a pleasant place in a farming community far from any hospital or nursing centre, it would seem to offer a fair field for such an enterprise. This is not a common form of benevolence; if it ever becomes so, it will result in the saving of many valuable lives in country neighborhoods which are now lost for lack of skilled nursing and the presence of someone who can carry on the doctor's care in his absence. Only six months ago, in the next county to Leesburg, a young woman whose life would in all probability have been saved had there been someone competent to assist the doctor at an operation in her own home, died on the public country road while being carried on a stretcher to the nearest city hospital.

THE Grace Hospital Training-School, of Detroit, Mich., graduated a class of sixteen nurses on Friday evening, March 10, 1905. The exercises were held in the Helen Newberry Nurses' Home, in the presence of a large number of friends. The members of the class were Misses Jessie G. Smith, Mary E. Shaft, Helen R. Bock, Mary Proudfit Langley, Mary Cook, Edith M. Naylor, Gertrude A. Peel, Ann Maria Schill, M. Alba Ransom, Anna McCormick, Helen D. Humphreys, Edith W. Lawson, Mildred M. Palmer, Rachel J. Mulheron, Messrs. Arthur B. Henderson and James E. Hamilton. The exercises were of a very interesting character.

THE initial graduation exercises in connection with the Training-School for Nurses of the Toronto Home for Incurables were held in the Home on Friday evening, January 27, and from both a professional and social stand-point were in every way a success. The young ladies of the graduating class were Miss Ida Musselman, gold medallist, Berlin; Miss Marion Gregory, silver medallist, St. Catherine's; Miss Ida Davis, Schomberg; Miss Emma Price, Holland Centre; Miss Agnes Oliver, Carberry, Man., and Miss Florence Mercer, Toronto.

THE Roosevelt Hospital Training-School graduated the following young ladies on the evening of March 2: Misses Ella Campbell McCall, Jean Geddes Ross, Amy E. Arms, Florence Edith Wilder, Charlotte K. Howell, Mary Elizabeth Bullocke, Queenie Dagmar Southgate, Nano Cecilia O'Loane, Katherine Howden Hyland, Barbara Mary Christie, Minnie Jane Hay, Mary Elizabeth Harley, Jane Augusta Callard, Julia Estelle Miner, Amy Thomas Salladé, Ligorui Hardy.

THE Levering Hospital, of Hannibal, Mo., graduated a class of four nurses on March 14. There was an interesting programme of music and addresses. The graduates were Ellen Cecelia Wynne, Susan Dore Gill, Willie Mae Sanders, Alice Volanska.

PERSONAL

MISS S. B. FOSTER, graduate of the California State Woman's Hospital, San Francisco, Cal., Class of 1898, who recently had the misfortune to lose her left hand and arm through blood poisoning, and who is conducting a nurses' registry at Lynn, Mass., will lecture under the auspices of the Florence Nightingale Nurses' Club, of Manchester, N. H., on March 28, the subject being "Tubercular Work in Arizona," in which field Miss Foster did extensive work less than two years ago. The proceeds of the lecture will go to assist Miss Foster in procuring an artificial arm.

MISS EDITH THURSTON, of the Brooklyn City Hospital, and lately head nurse of public ward F, Johns Hopkins Hospital, has joined the colony of American nurses doing private nursing in Paris. We understand that two more Hopkins nurses expect to join the Paris colony during the present year, Miss Emma Wilson, 1900, now doing private work in Washington, D. C., and Miss Grace Smith, Class of 1903, formerly visiting nurse of the orthopaedic clinic at the Johns Hopkins and now at her home in Alabama.

MISS FLORENCE MANSON, of Canada, Johns Hopkins, Class of 1902, who for the past year has been night superintendent of the hospital, has resigned her position. Miss Boley, Class of 1903, until now the head nurse of public ward G, has been appointed night superintendent in her place.

MISS ELIZA DICK, Johns Hopkins, Class of 1902, and for a year the night superintendent of the hospital, is in charge of the sanatorium at Salisbury, S. C., which is under the management of Dr. Stokes, once gynaecological resident at the Johns Hopkins.

MISS WOOD, superintendent of nurses at the new Bryn Mawr Hospital and herself a Johns Hopkins graduate, has as her assistants three other Hopkins graduates—Miss Holman, Class of 1899; Miss Biddle, Class of 1902, and Miss Oliver, Class of 1903.

MISS REBA THELIN, Johns Hopkins, Cass of 1903, who for the past year has been the visiting nurse of the Johns Hopkins Tuberculosis Dispensary, has gone to the Nurses' Settlement on Henry Street, New York City, to do district nursing.

MISS SUSAN JONES, of the Maryland University Hospital, Baltimore, has been appointed by Governor Warfield a member of the Maryland State Board of Nurse Examiners in place of the late Miss Agnes Maupin, of the same hospital.

MISS MARY E. WALSH, of Parkersburg, W. Va., a graduate of the Massachusetts General Hospital Training-School, has accepted a position as superintendent of nurses and matron at the Davis Memorial Hospital, Elkins, W. Va.

MISS LOUISE LOU has resigned her position as superintendent of the Aberdeen General Hospital, Washington, and has accepted the position of assistant superintendent of the Wesley Hospital School for Nurses, Chicago.

MISS RUTH ADAMSON, of Sweden, Johns Hopkins, Class of 1902, has given up the Annapolis Emergency Hospital, where she has been successfully in charge for a year, and returned to private nursing in Baltimore.

MISS NAOMI BESLEY, of the Washington Asylum Hospital and the University of Virginia Hospital, has for a year past been unable to work because of her health and is living at her home, Ash Grove P. O., Va.

MISS ISABELLA S. FAIRCHILD has been appointed assistant superintendent in the Butterworth Hospital, and Miss Elizabeth Black, of the Presbyterian Hospital, Chicago, is in charge of the operating-room.

MISS ELIZABETH G. FLAWS, who recently resigned the position of superintendent of the Kingston Hospital, Canada, has been appointed superintendent of the Butterworth Hospital, Grand Rapids.

MRS. MARY B. VAIL, graduate of the Rochester City Hospital, has accepted the position as second assistant to Miss Allerton at the Homœopathic Hospital, her duties commencing March 1.

MISS MARY BARTLETT DIXON, Johns Hopkins, Class of 1903, has been doing the visiting nursing of the Johns Hopkins orthopædic clinic since Miss Smith, Class of 1903, resigned.

MISS MARGARET A. NOTSELMAN will leave her long case in Bradford about April 1 and will be pleased to see her friends at her home, 58 Aspinwall Avenue, Brookline, Mass.

MISS MARTHA SILVER, Johns Hopkins, Class of 1897, has been for some time in charge of the Training-School of the Winchester Memorial Hospital, Winchester, Va.

MISS LAUDER SUTHERLAND, matron of the Lakeside Hospital, Cleveland, O., has been given leave of absence for four months, and will sail for Europe on February 25.

MISS MINNIE MACINNIS, of the Johns Hopkins Alumnæ Association, has been appointed hourly visiting nurse of Baltimore, vice Miss Anna French, Sr., resigned.

PUBLIC school nursing has been begun in Baltimore, the first nurse to undertake this work being Miss Florence Hunt, graduate of Johns Hopkins, Class of 1899.

MISS SUSAN CARROLL, a Johns Hopkins graduate, who has been practising massage in New York City, has returned to Baltimore to carry on her work.

MISS FANNIE MCLEOD, Class of 1904, Kingston Hospital, Canada, has been appointed night supervisor of the Butterworth Hospital, Grand Rapids, Mich.

MISS AGNES BALDWIN, graduate of the Toronto General, has been appointed to the position of superintendent of a private hospital at New Orleans, La.

MRS. AGNES HARTRIDGE, Johns Hopkins, Class of 1900, left Baltimore several months ago for her home in Georgia, where she is doing private nursing.

MISS VERA PELTICH has returned from San Francisco, where she has held the position as superintendent of the Mary Patton Sanitarium.

MISS KATHARINE ZUBER, German Hospital graduate, New York City, has taken charge of the Mary Jane Gillard Memorial Sanitarium.

MISS CHRISTINE DICK, Johns Hopkins, Class of 1899, has charge of the Baltimore Eye, Ear, and Throat Hospital.

MISS H. L. WASHINGTON, Johns Hopkins, Class of 1899, has taken charge of a sanatorium in Charleston, W. Va.

MISS MAREB ALLEN, graduate of the Toronto General, is in New York taking up post-graduate work.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MARCH 13, 1905.

BEIDLER, CORA A., recently arrived in the Philippines, assigned to temporary duty at the Division Hospital, Manila, awaiting permanent assignment.

Campin, Mary L., recently arrived in the Philippines, assigned to temporary duty at the Division Hospital, Manila, awaiting permanent assignment.

Chambers, Elizabeth, transferred from the General Hospital, San Francisco, to the transport Logan, February 28, en route to Manila for duty in the Philippines Division.

Connors, Katharine, transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, N. M.

Fishtorn, Harriet, transferred from the General Hospital, San Francisco, to the Logan, February 28, en route to Manila for duty in the Philippines Division.

Flick, Lucile E. S., appointed chief nurse at the Division Hospital, Manila, P. I., December 29.

Fritcher, Cora Louise, graduate of the Brooklyn Hospital Training-School, 1903, appointed and assigned to duty at the General Hospital, San Francisco.

Haefner, Emma, transferred from Zamboanga to duty at the Division Hospital, Manila.

Howard, Carrie L., transferred from the Division Hospital, Manila, to temporary detached duty at Baguio, Banguet, P. I.

Humphrey, Mary, arrived at the Division Hospital, Manila, P. I., February 22, awaiting assignment.

Hunt, Helen Grant, recently on duty at the General Hospital, San Francisco, discharged.

Kirkpatrick, Marjorie A., transferred from temporary duty at the Division Hospital, Manila, to regular duty at Zamboanga.

Konkle, Lena Luda, formerly chief nurse at the General Hospital, Fort Bayard, N. M., discharged.

Langstaff, L. Eleanor, transferred from temporary duty at the Division Hospital, Manila, to regular duty at Zamboanga.

MacConachie, Mary, recently on duty at the General Hospital, San Francisco, discharged.

McHugh, Cecilia, recently arrived at the Division Hospital, Manila, assigned to duty at the Convalescent Hospital, Corregidor Island, P. I.

Marker, Ida Maud, transferred from the Base Hospital, Iloilo, to the Division Hospital, Manila, P. I.

O'Brien, Helen Grace, transferred from Zamboanga to the Division Hospital, Manila, P. I.

Pringle, Martha E., appointed chief nurse, February 1, at the General Hospital, Fort Bayard, N. M.

Purcell, Bertha, arrived at the Division Hospital, Manila, February 22, awaiting assignment.

Riley, Olive I., recently on duty at the General Hospital, Presidio, San Francisco, discharged.

Salter, Mrs. Marguerite, graduate of New York City Hospital, 1890, reappointed and assigned to duty at the General Hospital, San Francisco.

Shea, Annie M., transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Sheehan, Mary E., graduate of the Hospital of the Good Shepherd, Syracuse, N. Y., 1902, appointed and assigned to duty at the General Hospital, San Francisco.

Stedman, Clara May, recently on duty at the General Hospital, San Francisco, discharged.

Unger, B. Matilda, transferred from the Division Hospital, Manila, to duty as chief nurse at Zamboanga, P. I.

Wilde, Gertrude L., graduate of St. Luke's Hospital, New York, N. Y., 1903, appointed and assigned to duty at the General Hospital, San Francisco.

Williamson, Anne, recently arrived in the Philippines, assigned to temporary duty at the Division Hospital, Manila, awaiting permanent assignment.

Wollpert, Julia E., transferred from Zamboanga to the Division Hospital, Manila, P. I.

IMPORTANT CHANGE

THE name of the United States Army General Hospital at Manila (which up to the present has been known as the First Reserve Hospital) has been changed. It will hereafter be called the "Division Hospital," and will be so designated in the Army Nurse Corps notes.



